FLORIDA

HEALTH NOTES

POLITICS IN HEALTH DECRIED

...a result of the National Defense Project, we in Florida are facing a challenge. We have become the spearhead of National Defense. We have ...ed in our midst from Pensacola to Key West a number of bases at which ...nal Defense activities are going ahead with tremendous haste."—

...ORABLE SPESSARD L. HOLLAND, Governor-elect of Florida, December 6, 1940.

...ME 33, NO. 1 JANUARY, 1941

OFFICIAL PUBLICATION

...E BOARD OF HEALTH JACKSONVILLE, FLORIDA

1877 - 1940

Dr. Nicholas Albert Baltzell

President State Board of Health

An eminent private physician who for many years gave unselfishly of his time to the public. His outstanding contributions to the welfare of Florida will long be remembered.

FLORIDA HEALTH NOTES

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"Public Health One of Most Clearly Non-Political Fields" Mr. Holland Tells Convention*

HON. SPESSARD L. HOLLAND
Governor-elect Of Florida

Governor-elect Re-iterates Promises Of "No Politics" In Giving Or Withholding Of Public Health Appointments — State Board Of Health Personnel Warned Against Political Activities

It is a real pleasure for me to be here even though my presence may be very hazardous. I am trying to talk on a subject about which you know everything and about which I know very little.

■

I was asked to talk to you today about my own attitude in regard to public health, and public health workers, not only as a layman but also as Executive of the State for the next four years. I thought that my ideas on this subject were well known. I have stated them in public many times, one of which was the occasion of a meeting with the Executive Board of the State Wide Public Health Committee, but it is no trouble to re-state them.

■

I have always felt that the enforcement of public health regulations is one of the most clearly non-political fields that we have in connection with the government. I have felt for a long while that whenever politics enter such a field, it cannot help disturbing efficiency, morale and public service.

I simply want to re-state what I have stated frequently. So far as my injecting state politics into public health administration in Florida, you may count absolutely on my not interfering either by partisan, personal or petty politics.

■

Please permit me to add two or three statements to this general statement. I want it clearly understood that I believe there is no way in the world to keep any state department out of politics unless the staff of that department is itself willing to forego partisan activities.

■

I have had some eighteen years experience in another field of state government in which I think there is as near an absence of state politics as can be found in any state activity — that is, the State Board of Control. The alumni of the University and the State College have for many years fought very actively and I think very effectively to keep the institutions of higher learning permanently free from political fineagling. Thousands of citizens interested in education have insisted upon this method of handling these two state institutions. I have observed in eighteen years as a member of the Executive Counsel of the State Alumni Association, an absolute refraining from activity in politics on the

* Presented at Twelfth Convention of the Florida Public Health Association, Inc., Tampa, Florida, December 6, 1940.

part of the State Board of Control. I do not believe it would have been humanly possible for the alumni of the institution to accomplish the excellent results that have been accomplished if the members of the State Board of Control had not been willing to forego political activity.

■

I do feel it is proper to call attention to the fact that there has been partisan politics engaged in by the State Board of Health and by some of its key employees. In my opinion this conduct is not worthy of any health department; however, it is water under the bridge, and I am paying no attention to it. I shall never infringe into this important field of administration of state law. In return I hope there will never be any interference or activity in state politics by the members of the State Board of Health or its key employees. I want them to absolutely keep their hands out of state politics.

■

Another thing I would like to say. It must be pre-supposed that any engagement in party politics with in the State Board of Health will not be forgiven by the authorities higher up and will be regarded as direct infringement on rules that must be adhered to. I sincerely hope that such past activities have permanently disappeared. So far as I am concerned, I would regard anything of that kind not as a play of politics but as a summons to clean up the organization so business could be transacted efficiently. I feel very, very keenly in the field of public health because it seems to me that with all the miseries to which human beings have fallen heir, we have our full share in this state. There is enough work for us all to do in alleviating human suffering without engaging in party politics. We must bring just as much efficiency as possible into our efforts to relieve and improve conditions.

The next thing is this. As a result of the National Defense Project, we in Florida are facing a real challenge. That challenge confronts not only the State Board of Health but other agencies and health committees.

It is clearly apparent that we have become the most strategic part of the defense program of our nation insofar as defending the Caribbean and Latin America and many other objectives. We have become the spearhead of National Defense. We have located in our midst from Pensacola to Key West a number of bases at which National Defense activities are going ahead with tremendous haste.

■

Only a few weeks ago a temporary problem was brought to a head at Camp Blanding as a result of a tremendous influx of people. I have been to each of the National Defense projects several times and observed health problems that were directly involved but which are perhaps being gotten in hand now; but the much more permanent problem is yet ahead and is going to constitute a very direct challenge to all of our people and particularly in those committees concerned.

■

I do not need to go into all the aspects of this problem. When you get a large additional population fostered on you, most of it temporary, there is much abandonment of living conditions that are ordinarily adhered to. Every health problem that you could conceive of in connection with the presence of these great bodies of humanity will appear.

You probably know of the health side of the National Defense program. A State Defense Committee, which is already actively functioning, has been appointed. The personnel has been selected by both administrations. One of the most important fields covered by the work of that committee is, of course, the field of public health. Doctor Gilbert S. Osincup of Orlando, Florida, is a member of the State Defense Committee and is chairman of a sub-committee of health. I want it to be clearly understood that as the personnel of this committee is determined by both administrations, it is a very certain assurance of the fact that we intend to go places and do things in the field of public health in preparing for defense and in safeguarding the people while the program is under way. You will be given frequent opportunities to consult with Doctor Osincup directly in the future as to problems in this field. I hope with all my heart that you will cooperate most actively and most effectively.

■

We also have an additional problem, the problem of the tourist group which in the 1940-1941 season bids fair to exceed anything we have seen in the past. We really have a problem there. I know of no better way to meet this problem than for the regularly set up agencies to cooperate in working out the emergency programs; which confront the humanitarians of this State.

■

Those were the two things I wanted to say. I hope you will find, when you consult them, that the personnel of the State Defense committee shows that no politics of any sort has been used in their selection. We want to get and keep clearly away from any semblance of partisan politics.

Our next consideration is in connection with the plans for amendments of State Health laws. May I say quite honestly that I have very little conception as to just how large a board could properly handle the functions of the State Board of Health or whether you would get a better man by having the Board or the Governor name the State health officer. In my opinion it is your responsibility to work out the legislative program which you think will give most effective results. I, as one of the cooperating officials, will look with great favor on any recommendation coming from this source.

■

The question has come up whether it would be better for the State Health officer to be named by the Governor or by the Board. If you expect him to be a police officer, he will have to be named by the Governor. If you expect him to be just an executive comparable to that of the president of the University of Florida, he can be named by a Board which would be giving daily consideration to the problems of health, presupposing the right kind of board. There should be no doubt about the wisdom of that Board in choosing a person and other persons under him to best observe the carrying out of the objectives of the health program. I think that is all that I need to say to show you how I feel.

■

If you have amendments which are important, then I certainly hope you will work them out so that they meet the approval of all groups affected. Remember there are only sixty days to transact business at the legislature. Our State is the fastest growing State in the Union with all of the soldiers who are training and people who are here as tourists and with all

those problems to handle in sixty days, plus the National Defense Program, I think that you can appreciate that anything that will have the determined opposition of any group of people will fail. If you have changes of law, by all means try to get them in the shape that you want them and accepted by the major groups affected by the change of public policy or which would be affected by the adoption of those amendments.

Thank you very much for the opportunity to be here with you. I have been hunting a good bit lately. I thought I had better do what shooting I could before January since most of the shooting done after that will be directed at me. I am just as interested in Public Health as you are. Please feel free to come to me with any problem.

Public Health has Long Way to Go in Florida - - State Just Beginning to meet Health Problems*

A. B. McCREARY, M.D.
State Health Officer

American Public Health Association Survey Credited With Inaugurating Renaissance Of Public Health In Florida . . . Necessity Of Citizens Continuing Active Interest In Health Problems Stressed . . . Promises State Board Of Health Personnel Will Not Engage In Political Activities

The eyes of the National are upon Florida. The amazing commercial advancement recorded by Florida in a comparatively short length of time causes people to expect even greater things from this State in the future.

Florida has set for itself a fast pace and although it will admittedly be difficult to maintain this pace, present indications are that Floridians have the necessary will and strength to do it. In the Federal census recently completed, Florida showed a higher percentage of population increase than any other State. In the new National Defense Program, Florida with its many Army and Navy camps, is fast becoming the military spearhead of the country. Florida's leadership as a vacation mecca is now generally recognized, and its importance as an agricultural and industrial state is becoming a reality instead of a potentiality.

These increased activities bring with them increased obligations. Great as are the responsibilities which must be borne by Florida citizens as a whole, the responsi-

* Prepared by Dr. A. B. McCreary, president of the Florida Public Health Association and State Health Officer for the Twelfth Annual Meeting of the Association, Dec. 5-7, 1940, Tampa.

bilities which fall upon the shoulders of public health authorities as a result of rapid commercial and military expansion is even greater. To public health goes the grave responsibility for protecting human lives, and in Florida that is not only a moral but also a legal responsibility. The laws of our state are very clear on this point.

419,593 Added To Population—

Every person who is added to the state's population, either as a visitor or a permanent resident, is one more life that the State Board of Health is obligated to protect. Consider the 419,593 persons added to the permanent population in the 1940 census to make a grand total of 1,887,804, and you can readily see the magnitude of the problem now confronting us.

If public health expects to keep up with the accelerated tempo of Florida's forward march, public health will have to quicken its step because it is obviously lagging behind in the advance being made by the Florida industry and agriculture. True, Florida public health has made notable progress during the past 18 months. Indeed, so great has this progress been in comparison with previous years that, as one national expert has said, it can quite accurately be called "remarkable". Nevertheless, those familiar with the health situation in Florida and the nation-at-large realize that Florida's progress in the last 18 months can be called "remarkable" only because there has been more room for progress in Florida than in most states. When the American Public Health Association and the Commonwealth Fund sent Dr. Carl E. Buck to this State on January 1, 1939 to begin his six months study of public health conditions, Florida was very near the bottom of the public health ladder. And the climb upward has not extended very far even yet. As a matter of fact, it has just begun in earnest. We must prepare for the long, hard home stretch.

Military Camp Problem—

One of the most serious problems facing Florida today is the necessity for providing adequate local health service where military camps are located in counties where there is no full-time county health unit. Floridians have worked hard to get these camps. Therefore, they share the responsibility of giving the necessary health protection in those areas adjacent to the camps.

Of course, it would seem that Floridians would be as concerned over protecting themselves as they would the soldiers, but apparently that is not the case. It may take an "out of bounds" order from the camps to persuade some counties that the situation is a serious one and must be met by the counties as well as by the state and federal governments.

The "out of bounds" order invoked by camps means that their men are prohibited from entering banned areas when on leave from the camp. This results in a curtailment of money spent by the soldiers. Areas are declared "out of bounds" that do not provide adequate public health protection, especially control of venereal diseases.

Protection Against Citizens—

Some citizens are surprised to learn that the Army and Navy has managed to make much more headway in controlling venereal diseases among its men than has the civilian population. Thus, it is not the military men who bring the venereal diseases into an area, it is the influx of prostitutes and the untreated cases of venereal dis-

eases among the civilian population. In declaring areas "out of bounds" it would seem that the camps are protecting themselves against the civilian population, rather than trying to protect the civilian population against the camps.

This is just one of the several major problems confronting public health authorities — urgent problems which must be solved with all speed and at the same time great caution. With such a task ahead of us we must resist the temptation to pat ourselves on the back for the good beginning made. That energy can be utilized to better advantage for the examination of the place in the road where we now find ourselves. Only by thus pausing to take stock, can we successfully negotiate the bumps and curves that lie ahead.

Adopted Recommendations Cited—

Someone has said that you never appreciate where you are going until you look back where you came. Certainly this is true of Florida's public health program. So, for a moment or two let us focus our telescope on the past.

In retrospect, it is easy to see why the American Public Health Association survey was an important milestone in public health annals of this state. Probably its chief value has been in the enlistment of strong support for an efficient public health program by all the important civic, industrial and professional organizations in the state.

The Florida State Board off Health's invitation to Floridians to look squarely at the unpleasant facts revealed in the survey also seems to have created quite a stir. People were not used to such frankness. Public health officials were especially not used to it and some of them still are not.

Frankness Criticized—

In the past, it had been the custom to bury and forget uncomplimentary surveys just as quickly and quietly as possible. But in August, 1939, the State Board of Health, proceeding on the theory that bad conditions cannot be remedied unless they are recognized, decided that the public had a right to know about their health conditions and that this survey should be subjected to public scrutiny. The decision was considered courageous by some people. Others thought it foolhardy. A few staunch devotees of the more prevalent policy of "covering up" any truths that might not be pleasant to hear, criticized the State Board of Health severely. But by and large, the people of Florida have commended the Board for its frankness. And since the State Board of Health is created for the people and made possible by the people, we shall continue to take inspiration from the people's approval and disregard the sincere but misguided beratings of the "cover-uppers".

Thus, the survey has come to be regarded as the State Board of Health's textbook, its Bible. Even before the distribution of 20,000 summary copies was begun, the State Board of Health set quietly to work on carrying out the recommendations of the survey. It will take years to complete all of them but notable progress has been made . . . progress that we can well be proud of . . . providing, we do not waste time displaying our pride!

A 58% Accomplishment—

This audience is so familiar with these recommendations—or should be—that it is unnecessary to item-

ize them here. It will be sufficient to summarize our headway in carrying them out. As reported by me two months ago to the Committee on Administrative Practice at the American Public Health Association convention in Detroit, the score board now shows that 16 of the 26 major recommendations have been, or are in the process of being put into effect. This represents a 58 percent accomplishment in the short space of 17 months.

Nine of the ten remaining recommendations require legislative action. It is my understanding that the Florida Medical Association and the State-Wide Public Health Committee will assume the leadership in public health legislation. Thus, the responsibility for introducing and promoting public health legislation will be the joint obligation of the people and the medical profession. This is as it should be.

No Political Activities—

During the coming session of Legislature, the State Board of Health will enter the legislative picture only upon request and then strictly in the capacity of scientific consultant. In no instance will any member of the State Board of Health staff go to Tallahassee for the purpose of lobbying for any specific bills.

As a matter of fact, we are not waiting until the Legislature convenes to put these policies into effect. They are already being observed. Only recently, the Florida Congress of Parents and Teachers, and the Florida Federation of Women's Clubs sought advice on the desirability of proposed prenatal and silver nitrate legislation. They communicated with the State-Wide Public Health Committee because of their close affiliation with this organization, and the Committee directed them to the State Board of Health for expert testimony on the merits of the respective proposals. After having given the requested information the Board immediately withdrew, leaving the matter of sponsorship strictly to the lay organizations. With a coordinated arrangement such as this, duplication of effort during the coming session of Legislature should be reduced to a minimum and the chances of successfully carrying any worthwhile health legislation should be greatly increased.

Stretched To Breaking Point—

When the 1939 Legislature appropriated $50,000 as state aid to full-time county health units, there were only 17 counties operating under this type of service. As a result of the impetus given this movement by the survey and the State-Wide Public Health Committee, 26 counties are now being served by full-time health units and four more could be added at once if the state aid fund had not been stretched to the point of depletion. These four counties have already set up their share of their health unit budget but the state is unable to fulfill its part of the bargain until its appropriation is increased by the Legislature or a kind Santa Claus is found. So far, we have not been able to find a Santa Claus.

With all of these new health units, however, Florida still remains at the bottom of the list of Southern states *in the percentage of population* under full-time local health unit service. Only 50 percent of Florida's population is so served. The remainder of the states range upward, with four states—Alabama, Delaware, South Carolina and Maryland—showing 100 percent protection for their citizens.

Florida At Foot Of List—

In the *percentage of counties* under full-time health units, Florida ranks next to the bottom. Only Georgia, with its 35 percent of counties with health units ranks below Florida with its 39 percent. Again, of course, the four states of Alabama, Delaware, South Carolina and Maryland, have all their counties with full-time health units. Adequate full-time local health service coordinated with the state and national health programs is the very foundation of sound, efficient and effective health protection.

It is imperative that full-time local health service be extended and expanded just as quickly as possible because this is the only type of service that provides adequate protection for local population groups. The necessity for a larger number of health units becomes increasingly important not only from the standpoint of protection for Florida citizens but also from the standpoint of further development of our ever expanding tourist business.

Health Unit Comes First—

Public health authorities are agreed that the most effective protection for the health of the public that has yet been devised is the county health unit. It should supersede and take precedence over any other sub-divisions of public health, such as control of mosquitoes, either pests or infectious.

There was a time when public health authorities advocated establishment of mosquito control districts even in areas not served by full-time county health units. But experience has proved this to be both expensive and inefficient, and so modern public health practice condemns it. Nevertheless, because the permissive act still makes it possible for a county to establish a mosquito control district before it organizes a health unit, you hear every now and then that some misdirected county has put the cart before the horse.

Mosquito Districts Secondary—

Even the control of malaria mosquitoes, which is much more important to the public welfare, should not be attempted in counties without full-time health units. It is the opinion of no less an authority than Dr. Mark F. Boyd that "any malaria program which is to be regarded as practical must be integrated with a general health program under an accredited health department."

The State Board of Health does not presume to suggest that all of the county health units in operation are perfect and above reproach. On the contrary, we readily admit that there is much room for improvement in most of them.

The State Board of Health does say, however, that even the most inefficiently run unit would look efficient compared with some of the part-time organizations that exist in certain sections of the state. And the conditions in any full-time health unit county that has been in operation for even so short a time as two years, will be excellent when compared with the deplorable conditions in unorganized counties, or counties served by part-time health officers.

What's In A Name—

The public should remember that calling a health department a health department does not make it an accredited health department, any more than calling a man a health officer makes that man a health officer. Terminology cannot work miracles but it is frequently very confusing to the lay public.

An accredited health department must maintain certain accepted standards and its personnel must give their full time to the departments and possess definite public health qualifications. Neither the State Board of Health nor the U. S. Public Health Service recognizes or approves any health department where the physician in charge practices medicine on the side. Obviously the so-called health officer whose training is confined to pharmacy, veterinary science or sewage and garbage disposal is not acknowledged, much less recognized by anyone except his own deluded fellow citizens.

Health Officer Defined—

There are two types of part-time health officers. One is the very busy practitioner of medicine who literally has the job thrust on him because there is a need for some kind of service and no one else will take the time to do it. Then there is the second type who is usually a political factor in the community and does everything in his power to prevent the organization of a full-time county health unit because it might interfere with the pension he is receiving from the county as a part-time officer.

Since neither of these types of officers are recognized by the State Board of Health, the county employing them is not entitled to receive financial aid from either the state or national public health funds. Such assistance is available for full-time county health units however. Therefore it would seem that any county commission or municipal government which spends thousands of dollars a year for unaccredited part-time health service when an accredited service is available for the same or a smaller local expenditure, is either ignorant of the facts or scratching its own political back.

At the present time there are 29 accredited health departments in Florida. These are the 26 counties with full-time county health units, and the three full-time city health departments in Miami, Tampa and Jacksonville.

No Excuse For Mistakes—

As already mentioned, the need for improving these departments is recognized and the State Board of Health is working with unceasing vigilance to bring about this improvement just as quickly as possible. Mistakes of the past can be charged to growing pains but we have now passed the growing pain age. This is no longer an acceptable excuse, but we will require no excuse if we set about our task with determination and honesty.

Try as it may, the State Board of Health cannot do the job alone. No improvement in public health will be permanent unless the public and the private physicians take an interest in it. The State Board of Health is thoroughly cognizant of this fact and that is why it has looked with such favor upon the activities of the Florida State-Wide Public Health Committee. This organization, propelled by men and women, both lay and professional, who give gratuitously of their time and energy, is the most encouraging of all signs that loom on the public health horizon.

The Power Of The People—

The power of an independent, volunteer agency such as the Committee is beyond estimation. If we, the official representatives of public health, fail to utilize this power, we are either inexcusably shortsighted or else not as sincere in our work as we imagine ourselves to be.

The rennaisance of public health in Florida will not be complete until county health officers and members of the State Board of Health staff learn how to fit this newly discovered cog into the public health machinery. Some of the staff are more apt in utilizing the Committee than others, but it is safe to say that none have yet realized the organization's full potentialties.

Aim Of Committee—

It is the fundamental purpose of the State-Wide Public Health Committee to so accurately and graphically inform the people of Florida in regard to public health matters that the entire population of Florida will eventually become militant advocates of the highest standards for public health administration in this state. It is the duty of all conscientious public health workers to render every assistance possible to the Committee in its most laudable and ambitious undertaking.

Florida's public health rennaisance is just beginning. The question now before us is, have we the courage to carry on as auspiciously as we have begun? Only you can answer that question, and the answer will have to be written in action, not in words, if the rennaisance is to be successfully consummated.

The State-Wide Public Health Committee and the Florida Medical Association have raised the challenge, "It Shall Be Done". The State Board of Health looks forward to the day when that challenge can be answered with, "It Has Been Done".

Physically Unfit Youth

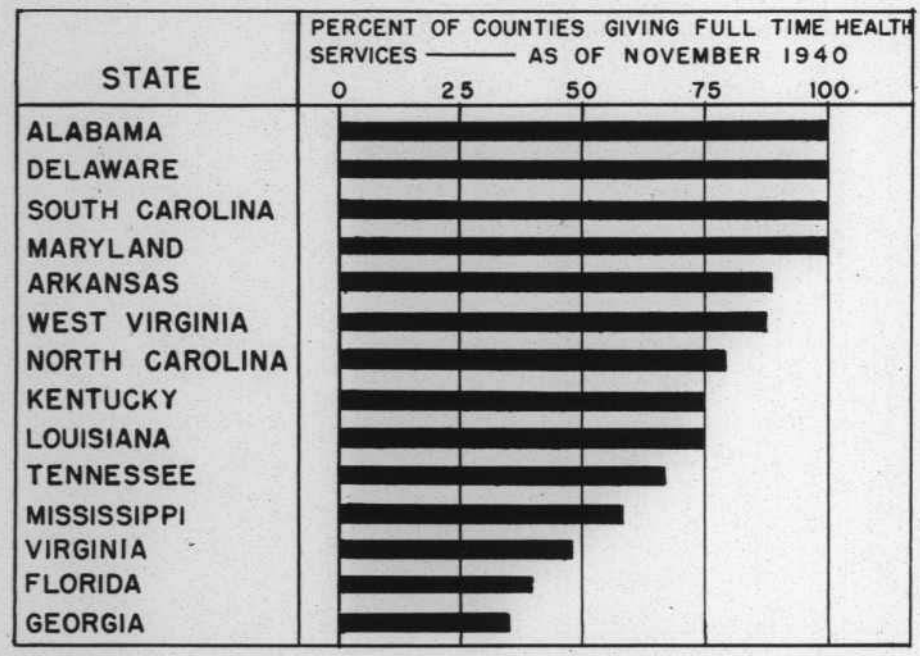
•

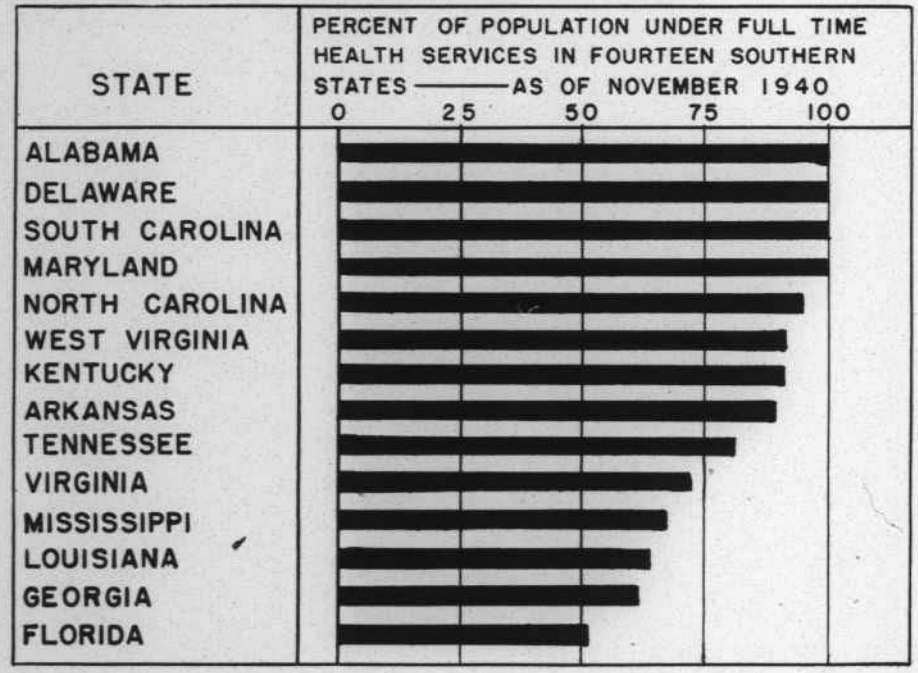
THERE is definite public health significance in the recent report that 15 percent of the draftees answering the first national defense military service call were physically unfit. When it is known that military authorities had anticipated only a 2 percent rejection on account of physical disabilities, the seriousness of the health situation among the Nation's young men is even more alarming.

Detailed information as to the exact cause of rejection is not yet available, but it is believed that the unofficial survey of the nine Army Corps Areas places the 15 percent estimate under the heading of conservative. The rate varied from 10 to 25 percent in the various Corps Areas. In the Fourth Corps Area (North Carolina, South Carolina, Georgia, Florida, Alabama, Tennessee, Mississippi, Louisiana) indications are that "the percentage is high".

When the final figures are available the facts gleaned should be of great value in planning future public health programs directed toward the youth of this Nation.

FULL TIME ORGANIZED HEALTH SERVICE
OF
FOURTEEN SOUTHERN STATES





1939 BIRTHS AND DEATHS

TOTAL BIRTHS, DEATHS AND RATES PER 1,000 POPULATION AND BIRTHS AND DEATHS BY COLOR BY COUNTIES, FLORIDA, 1939

Bureal of Vital Statistics, State Board of Health, Edward M. L'Engle, M.D., Director

Counties	BIRTHS				DEATHS			
	Total	Rate	White	Colored	Total	Rate	White	Colored
STATE	32,328	17.0	22,680	9,648	21,295	11.2	14,064	7,231
Alachua	814	21.2	447	367	553	14.4	282	271
Baker	156	23.9	118	38	44	6.7	26	18
Bay	490	24.2	422	77	176	8.5	129	47
Bradford	224	25.8	172	52	93	10.7	73	20
Brevard	252	15.7	140	112	188	11.7	137	51
Broward	635	16.1	326	309	392	9.9	234	158
Calhoun	231	28.1	205	26	56	6.8	43	13
Charlotte	41	11.3	37	4	44	12.1	34	10
Citrus	116	19.8	75	41	54	9.2	26	28
Clay	88	13.6	62	26	73	11.3	55	18
Collier	68	13.4	49	19	29	5.7	9	20
Columbia	324	19.4	203	121	302	18.1	173	129
Dade	3,677	13.8	2,845	832	2,558	9.6	1,993	565
DeSoto	156	20.1	122	34	96	12.4	72	24
Dixie	151	21.5	99	52	56	8.0	24	32
Duval	3,453	16.4	2,364	1,089	2,431	11.5	1,358	1,073
Escambia	1,413	19.0	1,135	278	824	11.1	556	268
Flagler	50	16.6	21	29	25	8.3	12	13
Franklin	143	23.9	95	48	63	10.5	28	35
Gadsden (Ex)	544	20.2	186	358	330	12.3	111	219
State Hospital	13	2.9	12	1	306	68.0	180	126
Gilchrist	106	25.0	89	17	45	10.6	33	12
Glades	39	14.2	25	14	10	3.6	3	7
Gulf	124	17.9	86	38	44	6.4	22	22
Hamilton	273	27.9	142	131	98	10.0	47	51
Hardee	208	20.5	201	7	84	8.3	76	8
Hendry	72	13.9	53	19	44	8.5	24	20
Hernando	124	22.0	81	43	69	12.2	53	16
Highlands	212	23.1	157	55	123	13.4	82	41
Hillsborough	2,873	16.0	2,325	548	1,878	10.5	1,430	448
Holmes	341	22.1	323	18	91	5.9	74	17
Indian River	148	16.8	93	55	89	10.1	54	35
Jackson	916	26.6	552	364	345	10.0	175	170
Jefferson	277	23.0	65	212	175	14.5	36	139
Lafayette	102	23.1	94	8	23	5.2	15	8
Lake	546	20.1	386	160	371	13.7	262	109
Lee	391	22.3	333	58	202	11.5	156	46
Leon	567	17.9	229	338	316	10.0	98	218
Levy	272	21.8	181	91	129	10.4	64	65
Liberty	86	22.9	56	30	38	10.1	23	15
Madison	369	22.8	183	186	154	9.5	60	94
Manatee	403	15.4	278	125	282	10.8	203	79
Marion	615	19.7	314	301	435	13.9	175	260
Martin	83	13.2	48	35	67	10.7	39	28
Monroe	229	16.5	189	49	170	12.2	120	50
Nassau	168	15.5	105	63	110	10.1	62	48
Okaloosa	285	22.1	255	30	119	9.2	99	20
Okeechobee	56	18.7	48	8	20	6.7	13	7
Orange	1,045	15.0	775	270	840	12.0	599	241
Osceola	147	14.5	120	27	169	16.7	138	31
Palm Beach	1,074	13.6	645	429	853	10.8	487	366
Pasco	233	16.7	192	41	143	10.2	116	27
Pinellas	1,075	12.2	825	250	1,484	16.8	1,304	180
Polk	1,655	18.9	1,298	357	907	10.4	675	232
Putnam	332	17.8	186	146	274	14.7	137	137
St. Johns	361	18.2	212	149	285	14.3	171	114
St. Lucie	219	18.7	130	89	124	10.6	81	43
Santa Rosa	367	22.9	318	49	139	8.7	113	26
Sarasota	225	14.2	170	55	233	14.7	177	56
Seminole	381	17.1	169	212	234	10.5	110	124
Sumter	203	18.4	139	64	93	8.4	49	44
Suwannee	404	23.6	263	141	159	9.3	84	75
Taylor	240	20.7	184	56	99	8.6	55	44
Union	95	13.4	81	14	62	8.8	40	22
Volusia	689	13.0	455	234	698	13.1	480	218
Wakulla	120	22.0	64	56	32	5.9	17	15
Walton	271	19.1	235	36	134	9.5	94	40
Washington	259	21.1	202	57	109	8.9	84	25

Isolate Your Cold

•

Don't take chances with a cold . . . . .

Follow these simple rules—

ISOLATE YOURSELF
Stay away from people, especially babies and elderly persons

COVER YOUR SNEEZES AND COUGHS
Colds and their complications are highly communicable

USE DISPOSABLE TISSUES
Be sure tissues are disposed of promptly and hygienically

GO TO BED AT ONCE
Bed rest is a fundamental treatment for colds

CALL THE DOCTOR PROMPTLY
Early treatment usually prevents complications

DON'T "DRUG" YOURSELF
Medicine cabinet prescribing is false economy

FLORIDA

HEALTH NOTES

VENEREAL CONTROL PROGRESS

"Today the need for conservation of health and physical fitness is greater than at any time in the nation's history . . . The total defense that we have heard too much about of late, that total defense which this nation seeks, involves a great deal more than building airplanes, ships, guns and bombs . . . We cannot be a strong nation unless we are a healthy nation. And so we must recruit not only men and materials, but also knowledge and science in the service of national strength." . . . FRANKLIN D. ROOSEVELT.

President of the United States, in an address given at dedication of the National Institute of Health, Bethesda, Maryland, October 31, 1940.

VOLUME 33 NO. 2 FEBRUARY, 1941

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Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Dr. Richardson assumes Post as President State Board of Health

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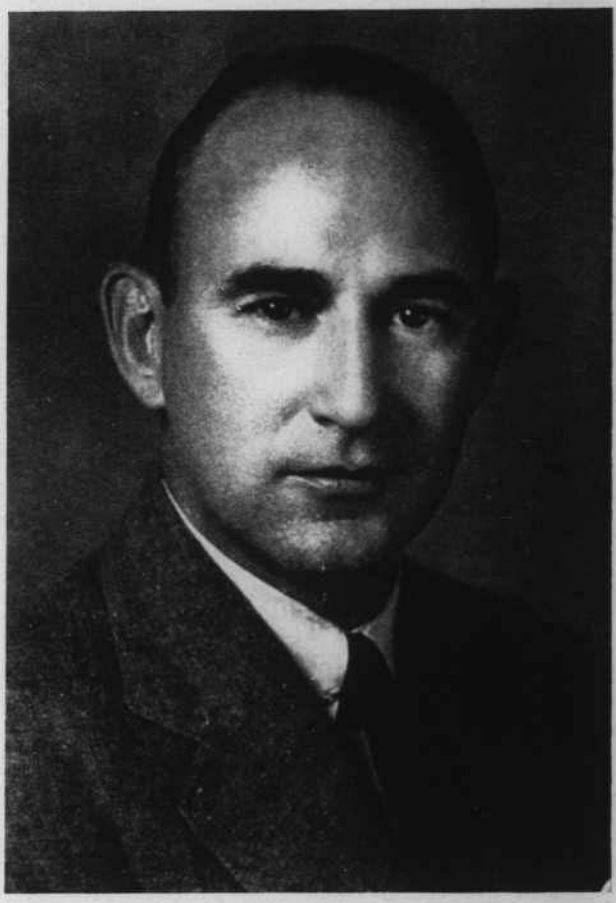
Has Served as Member of Board Many Years; Succeeds in Presidency the Late Dr. N. A. Baltzell.

—o—



Dr. Shaler A. Richardson, prominent Jacksonville physician and secretary-treasurer of the Florida Medical Association, has been elected president of the State Board of Health as successor to the late Dr. N. A. Baltzell of Marianna.

Dr. Richardson became a member of the State Board of Health in 1936. He has been active in state medical circles and has served since 1925 as secretary-treasurer of the Florida Medical Association and editor of the Journal of that association.

In his home county Dr. Richardson serves as chief of the ophthalmological staff at St. Vincent's, St. Luke's, Riverside and Duval County hospitals. He is a past president of the Duval County Medical Society.

Many articles on ophthalmology have been written for both state and national medical journals by Dr. Richardson. He is a fellow of the American College of Surgeons, the American Medical Association, the American Ophthalmological Society and the American Academy of Ophthalmology and Otolaryngology.

During the last world war Dr. Richardson was a major in the Medical Corps, serving one year abroad and one year in this country.

Great Increase in Number of Persons under Treatment for Syphilis is Reported

L. C. GONZALEZ, M. D.
Director Division of Venereal Disease Control
State Board of Health

Eighty-seven Florida Clinics Report Average of 8,843 Persons Under Treatment Each Month . . . Outline of Activities of Venereal Disease Control in State Is Given

It is the purpose, on the annual observance of Social Hygiene Day to re-emphasize factual information concerning venereal disease and to continue to keep alive the interest and co-operation of the citizenry in the everlasting fight against these diseases. It is also appropriate, at this time, to acquaint the reader with the activities carried on by the Division of Venereal Disease Control, in order that he may more intelligently appreciate the functions of venereal disease control programs in Florida.

There is no doubt that the control of the venereal diseases is a major public health problem. For this reason, programs formulated for their control must be looked upon as extensive and permanent. These cannot be insured without the intelligent understanding and support of the people.

The following is a brief outline of the organization and duties of the Division:

A. Organization—

The Division of Venereal Disease Control is nominally a Division of the Bureau of Epidemiology. Because of the magnitude and importance of these activities, the administration of the venereal disease control program has been delegated to this Division.

B. Personnel—

The present personnel of the Division consists of a director, a field consultant, one venereal disease nurse consultant, a secretary and two clerks.

TABLE 1

Showing Syphilis and Gonorrhea Cases Reported by Clinics, Institutions, and Private Physicians for 1938-40.

	Year	White	Colored	Unknown	Total	Rate-Per 100,000 Population
SYPHILIS						
	1938	.....	.....	.....	17,433	918.7
	1939	9,412	15,206	838	25,456	1,341.6
	1940	3,835	15,889	251	19,975	1,052.8
GONORRHEA						
	1938	.....	.....	.....	1,916	101.0
	1939	.....	.....	.....	1,698	90.0
	1940	.....	.....	.....	1,840	96.9

Note: Population by race for 1940 not available at present.

TABLE 2

Showing Syphilis and Gonorrhea Cases With Percentage of Reports for Years 1939* and 1940, according to source of reference.

	Year	By Clinics And Institutions	Percentage	By Private Physicians	Percentage
SYPHILIS	1939	5,792	53.1	5,112	46.9
	1940	12,790	64.0	7,185	36.0
GONORRHEA	1939	501	60.1	332	39.9
	1940	719	39.1	1,121	60.9

* Five-month period report available only.

C. Duties—

The Division is entrusted with the formulation and execution of the Venereal Disease Control Program, insofar as it affects the policies of the State Board of Health, and is to aid, cooperate and consult with local full-time health departments in the organization and execution of their respective venereal disease control programs. These duties consist of the following:

a. As they affect policies of the State Board of Health:

1. Preparation of budget from appropriations made by State and Federal governments.
2. Distribution of arsenicals, bismuth preparations, distilled water, and other drugs to private physicians requesting them for the treatment of indigent patients.
3. Compilation, tabulation, and analysis of venereal disease reports.
4. Propagation of educational activities.
5. Transmission of inter and intrastate communications concerning reports and transfers of venereal disease cases.
6. Execution of venereal disease surveys.
7. Provision for consultative service.
8. Coordination of efforts to secure the passage of progressive venereal disease control legislation.
9. Distribution of report and record forms.
10. Interpretation of program to U. S. Public Health Service.
11. Cooperation with private practitioners through the Venereal Disease Control Committee of the State Medical Assocaition.
12. Promotion of professional education concerning venereal disease.

b. As they affect local health departments:

1. Allocate State and Federal venereal disease funds to full-time health organizations.
2. Set up standards of clinic equipment, clinic management, diagnostic procedures and treatment schedules.
3. Provide report and record forms and standardize use of same.
4. Provide consultative service, medical, as well as nursing.
5. Compile and analyze clinic activities.
6. Aid and cooperate with local educational activities.

Ever since the organization of the Division in July, 1938, the duties and activities have been gradually increasing to such an extent that present physical facilities available are not adequate. This demonstrates that venereal disease had always been a serious public health problem in the state. The problem existed all the time, but relatively little was done about it until the National campaign launched by Surgeon General Parran in 1936. Gradually, the people were made to realize the enormity of this problem, which culminated in the passage by Congress of the Venereal Disease Control Act of 1938. This Act provided funds to aid the States in combating their respective venereal disease problems. The Division was, therefore, organized on this basis.

In order to give the reader an insight into what has been accomplished over this period of time, a

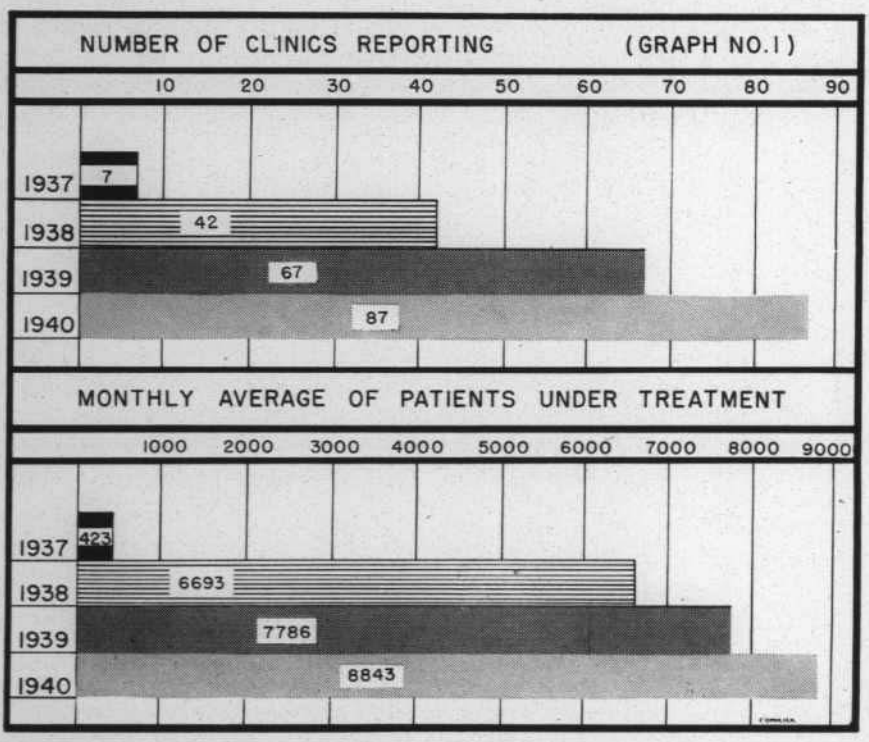
few comparative statistical studies would not be amiss.

Up to September, 1938, morbidity reports on venereal disease were compiled by the Bureau of Epidemiology. Due to the multiple duties of the Bureau and their lack of personnel, it was impossible to keep a detailed record of all venereal disease reports. In September 1938, the Division of Venereal Disease Control assumed this duty. A glimpse at Table 1 will show the marked improvement in the reporting of syphilis, though this cannot be said for gonorrhea. The larger number of patients reported in the later years is not to be interpreted as indicating an increased number of syphilis cases in the State, but rather as an indication that unrecognized cases of syphilis were discovered and that physicians and clinics were reporting more effectively.

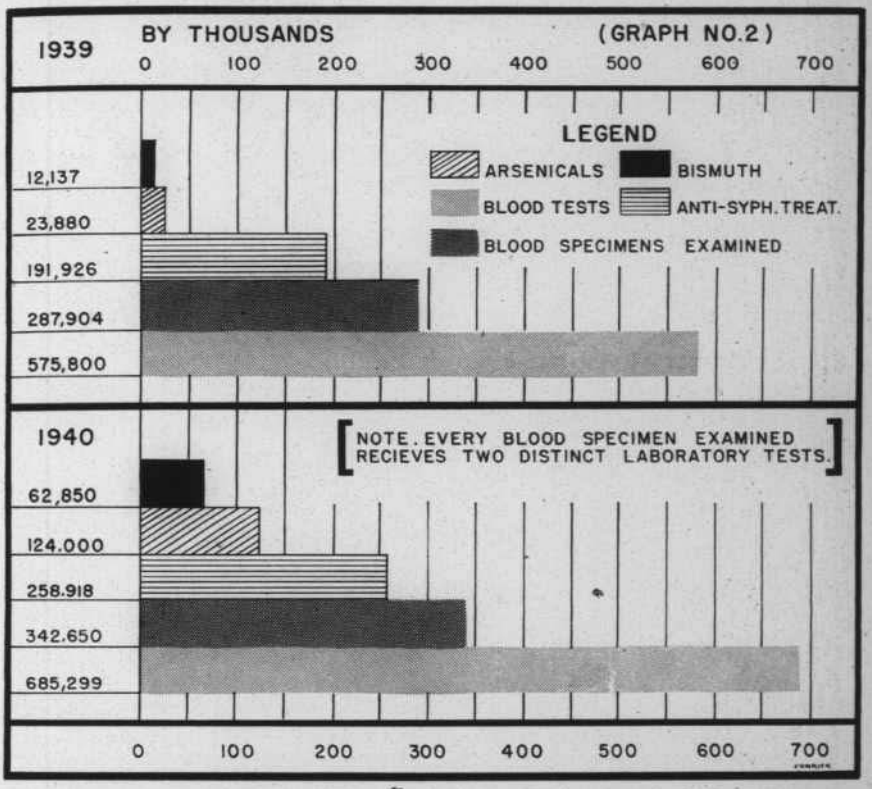
In order to ascertain whether the increased number of cases of syphilis reported was due only to an increase in number of clinics established, the total yearly report was broken down according to source of reference. It is found, as shown in Table 2 that the percentage of reports coming from clinics and institutions for 1939 is approximately the same as the percentage of reports coming from private physicians. This demonstrates that the increase in reporting is due also to the greater cooperation and interest shown by the private physicians in the State.

The higher percentage of reports coming from clinics and institutions in 1940 was perhaps due to an increase in the number of clinics established in 1940.

During the year 1937, the U. S. Public Health Service received reports on venereal disease activi-



Graph I shows the number of clinics reporting and monthly average number of patients under treatment at clinics for years 1937-40.



Graph II shows number of doses of arsenicals and bismuth distributed free; number of anti-syphilitic treatments administered by clinics and institutions; number of blood tests performed and number of blood specimens examined by the State Laboratories, 1939–40.

ties from only seven clinics in the State. During that year, the monthly average number of patients under treatment reported was 423. In 1938, 42 clinics reported a monthly average of 6,693 patients under treatment; in 1939, 67 clinics reported a monthly average of 7,786 patients under treatment; and in 1940, 87 clinics reported a monthly average of 8,843 under treatment. Graph 1 comparatively illustrates the increased venereal disease control activities throughout the State. This does not take into consideration the fact that every syphilis report submitted by a physician was presumably a case under treatment. Since approximately one-half to one-third of the reports sent in were from private physicians, it can be conservatively assumed that these figures represent one-half the monthly average of old and new patients under treatment who were actually reported.

From its inception, the Division has concentrated on the educational phase of its program. Following the course set by the National Campaign, all media were used to bring to the attention of the people the facts, and every opportunity was seized to provide medical facilities throughout the State. Full advantage was taken in areas where full time public health service was installed, but unfortunately, only 23 counties, at present, are served in this manner. In areas where there is no full

time health service, and also in those with full time health service, many infected individuals who were not able to pay for treatment, were aided by providing private physicians with free drugs and laboratory service. This extension of service is well illustrated in Graph 2, which demonstrates the resurgence of interest among the medical profession, as well as the people.

The activities mentioned here are of a positive nature. They deal with the infected individual. Since the basic objective of any control program is prevention, that objective must not be lost sight of. It is true, however, that in syphilis, its treatment is also its prevention. Continuous effort is being put forth through State and local health service to propagate scientific facts and to make people aware that health is one of our most valuable possessions. We are now making some headway in the control of syphilis. We have not done so well with gonorrhea and other venereal diseases, but with newer weapons at our command, we feel that these too will be subjugated. If all our efforts are to be of value, we must continue the fight, unremittingly, until the battle is won.

It is to be hoped that in years to come we can look forward with clearer vision confident that the shadow on our land has been lifted.

Quality of Service Stressed by Hillsborough County Unit in Venereal Disease Control

J. S. SPOTO, M.D., M.P.H.
Director, Hillsborough County Health Unit

Centers in Outlying Communities, Augmented by Mobile Clinic Donated By Public-Spirited Citizens, Makes Regular Treatment Available To People in Remote Areas

Hillsborough County launched its Venereal Disease Control Program the month of January, 1940. In a county as large as ours in area (1,067 square miles) and population (approximately 70,000, exclusive of the City of Tampa), the accessibility of our services becomes a problem of major importance. It is obvious, that medically indigent individuals seeking medical aid cannot reach remote treatment centers. This is an especially grave problem when treatment, to be effective, must be given at weekly intervals such as in the treatment of syphilis.

We have now solved this problem by the establishment of large treatment and diagnostic centers in Tampa and Plant City, in order to make services available to individuals living in the immediate proximity, and by the use of the "Healthmobile," to reach those individuals living in the more rural and remote areas of the county. The "Healthmobile," a trailer equipped as a medical clinic, sponsored by the Hillsborough County Health Auxiliary, was made possible by generous public contributions.

At the present time, our Syphilis

Control Program occupies a major portion of our efforts, with an active case load of approximately 484 individuals. During the calendar year 1940, some 808 individuals were admitted in the clinics which means that some three hundred individuals have either been discharged as cured, probated or transferred to other treatment centers.

Since its inception, one of our principle aims has been the installation of as much quality in the program as possible. Heretofore, many Venereal Disease Clinics have been mere arsenical "filling stations," giving various quantities of arsenicals to the diseased patients with very litle regard as to their general physical condition, as well as, a nil attempt in making a definite diagnosis as to whether a patient has Syphilis, and if he has, what organs have been invaded. After all, Syphilis is a systematic disease and while we are treating the positive "blood test," the ravages of the spirochete continues unmolsted in some organ of the body, such as the Central Nervous System, unless discovered.

Thorough Physical

Besides taking a very detailed history, it has been our policy to give each individual admitted a thorough physical examination, coupled with the necessary blood and spinal fluid studies, in an attempt to make a definite diagnosis as to the stage of the disease, with an accurate determination of the anatomical involvement. It is only through these means that the proper treatment procedure can be adapted to the individual patient.

It is our firm conviction that our clinics whether venereal, maternal, infant, etc., should serve as a means of reflex education, eventually reflecting into the community at large—creating a higher standard of medical care. As an example, if spinal fluid examinations are not made in our public clinics, that same apathetic attitude is permeated into the community at large, thereby, never feeling or realizing the need for such a procedure.

Quality, Not Quantity

We have come to the final conclusion that it is not so important the amount of work that is done, measured in terms of quantity in any public health endeavor, but rather, how well it is done and how much of a permanent educational imprint we have made in the community. We should ask ourselves whether we have elevated the standards of medical care, or at least, have we met the high standards already present in the locality.

Since the beginning of our program, the proper follow-up of our patients has been emphasized. It is needless to say, that the reduction in delinquency begins in the clinic. We believe that our schedule has been well placed and well timed, so that treatment is readily available to the individual patient. Realizing that the reduction in delinquency depends to no small degree on the clinic personnel, it has been our policy to not only demonstrate our sincere interest in the patient's welfare, but also, treating them with a word of kindness. In the follow-up of delinquents, the following procedures have been established. The Venereal Disease Clerk refers each delinquent to the Supervisor of Nurses within two days after treatment was due, who in turn refers the patient to the district nurse.

Referred to Social Worker

After the nurse has made two unsuccessful attempts to return the patient to the clinic, then the case is referred to the Social Ser-

(Continued on page 30)

FLORIDA WHITE HOUSE CONFERENCE

Health will be one of the four topics featured in the Florida White House Conference for Children in a Democracy to be held February 10 through 20. The all-day conferences are open to the public and have been designated as follows:

February 10	**Jacksonville**	**(Area includes Baker, Clay, Duval, Nassau and St. Johns Counties).**
February 11	**Pensacola**	**(Area includes Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton and Washington Counties).**
February 12	**Tallahassee**	**(Area Includes Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla Counties).**
February 13	**Gainesville**	**(Area includes Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee and Union Counties).**
February 14	**Orlando**	**(Area includes Lake, Orange, Osceola, Seminole and Sumter Counties).**
February 17	**Daytona Beach**	**(Area includes Brevard, Flagler, Volusia Counties).**
February 18	**West Palm Beach**	**(Area includes Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties).**
February 19	**Miami**	**(Area includes Broward, Dade, Monroe Counties).**
February 20	**Tampa**	**(Area includes Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota Counties).**

The health phases of the various local programs are under the supervision of Dr. W. H. Ball, director of the Bureau of Maternal and Child Health, State Board of Health. Dr. Ball is arranging for local pediatricians in the several areas of the state to be the guest speaker. Among other things, the speakers will present statistics from typical rural and urban counties in each area, and by way of comparison will give corresponding state and national statistics.

Other divisions of the program include "Child and the Family", "Child and Education and Recreation", "Child and Special Handicaps." The chairman of the executive committee in charge of arrangements is Joseph S. Diver, the executive secretary is Judge Walter S. Criswell.

City of Miami Doubles Number of Syphilis Cases Treated in Past Three Years

GEORGE N. MacDONNELL, M. D.
Director of Public Health, City of Miami

Unique System For Treating Food Handlers Inaugurated By Miami Is Proving Quite Successful; If Handler Refuses Treatment He Can Be Taken Off Job.

The Department of Public Health of the City of Miami has been conducting a venereal disease clinic since 1925. During the last three years, in keeping with the increased nation wide interest in the subject of venereal disease control, the clinic has expanded its activities and the number of cases treated has been doubled. This has been made possible by the aid given from Venereal Disease Funds through the State Board of Health.

A tri-weekly clinic for white patients is carried on in the department headquarters in the Court House building. A daily clinic for negroes is conducted at the Christian Hospital. The public health nursing service endeavors to have all pregnant women given a blood test and treatment where same is indicated. Midwives are charged with the responsibility of having women under their care thus examined and treated. They are also required to collect a sample of placental blood for laboratory examination.

A unique system for the treatment of foodhandlers who happen to be luetic is working successfully. Of course no foodhandler who happens to have an open lesion is allowed to work. However, where there is a blood stream infection only the applicant is given a provisional health certificate on promise to take treatment regularly and present their treatment card properly signed by their physician to the City Clinic once a month. When they fail to present their card or fail to take treatment they can be taken off the job. Naturally this proves a powerful incentive to take treatment and is a justification of the policy of requiring health cards which, it must be admitted, has limitations as a health measure.

The clinic is besieged in the winter season with transients who have been taking treatment elsewhere. It is manifestly impossible to handle all who apply. It is explained to them that Miami is a new city and does not have the endowed hospitals and free clinics found in northern cities. Emergency cases and those likely to become a public health menace are delt with promptly. As far as funds and personnel allow the work is carried on satisfactorily. It is recognized that more should be done on educational lines and in the follow up of contacts.

Florida State Health Board Approves Army-Navy 8-point Venereal Disease Policy

Program Commits Army, Navy, U. S. Public Health Service and State Health Departments to Repression of Prostitution as Safeguard to Health of People in Both Military and Civilian Area Surrounding Encampment

The Florida State Board of Health has approved the eight-point agreement made by the War and Navy Departments, the Federal Security Agency, and state health departments on measures for the control of venereal diseases in the Areas where armed forces or National Defense employees are concentrated. The resolution of approval was based on the fact that "control of the venereal diseases continue to be one of the most important health problems which confront the military, the naval and the civilian authorities."

The U. S. Public Health Service, the Surgeon General of the Army and the Surgeon General of the Navy prepared the joint agreement. It has the approval of the Federal Security Administrator, the Secretary of War and the Secretary of the Navy.

The Florida State Board of Health resolution further "authorizes and directs the State Health Officer and all employees of the State Health Department to support all measures, which in the judgment of the State Health Officer or his representative, are both necessary and appropriate to put this agreement into successful operation throughout the State of Florida."

The eight-point agreement follows:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.
2. *Early diagnosis of all and treatment of the civilian population by the local health department if indigent—otherwise treatment is to be given by private physician according to standards of the U. S. Public Health Service.
3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel, the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.
4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.
5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.
6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of venereal diseases, the methods for preventing these infections, and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

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* As amended by Florida State Board of Health — Paragraph 2 of original agreement reads: "Early diagnosis and treatment of the civilian population by the local health department."

Pre-Natal Bill to Prevent Congenital Syphilis Okayed by Physicians, Health Board

Proposed Bill Would Provide That Examination for Syphilis in Prospective Mothers . . . Principle of Measure Has Approval of Florida Federation of Women's Clubs and Florida P.-T. A. Congress

A proposed bill for pre-natal examination of expectant mothers has been drafted and approved by both the Florida Medical Association and the Florida State Board of Health. It is expected that it will be introduced at the coming session of Legislature by the Florida State-Wide Public Health Committee, a voluntary organization composed of prominent Florida citizens.

Two prominent women's organizations in the state, the Florida Federation of Women's Clubs and the Florida Congress of Parents and Teachers have already endorsed the principle of pre-natal examination. Similar laws were in effect as of January 1, 1940 in California, Colorado, Delaware, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, South Carolina, Oklahoma, Pennsylvania, South Dakota, Washington, New York, New Jersey, Rhode Island and Kentucky.

The chief purpose of the bill is the requirement that every prospective mother who presents herself to a physician or pre-natal conference shall be examined for syphilis. It will further require that in cases coming to midwives, the midwife shall cause a blood test for syphilis to be taken by a duly licensed physician.

It is hoped that by this bill the incidence of congenital syphilis will be greatly reduced. If an expectant mother with syphilis begins treatment by the fifth month and continues it as long as directed by her physician, she will be less likely to transmit the disease to her baby.

AN ACT TO PREVENT CONGENITAL SYPHILIS—

"To prevent the occurrence of congenital syphilis, i. e., syphilis passed from the mother to the unborn child. Congenital syphilis can

be prevented if the disease is recognized in the mother and prompt and adequate treatment given.

1. Every physician attending pregnant women in the state for conditions relating to their pregnancy during the period of gestation and/or at delivery shall, in case of every woman so attended, take or cause to be taken a sample of blood of such woman at the time of her first examination, and shall submit such sample to an approved laboratory for a standard serological test for syphilis. Every other person permitted by law to attend pregnant women in the state, but not permitted by law to take blood samples, shall cause a sample of glood of such pregnant women to be taken by a physician duly licensed to practice medicine and surgery and have such sample submitted to an approved laboratory for a standard serological test for syphilis.

2. For the purpose of this act a standard serological test shall be a test for syphilis approved by the Florida State Board of Health, and shall be made at a laboratory approved to make such tests by the Florida State Board of Health. Such laboratory tests as are required by this act shall be made on request without charge by the laboratories of the Florida State Board of Health.

3. In reporting every birth and stillbirth, physicians or others required to make such reports shall state on the certificate whether a blood test has been made on a specimen of the blood taken from the woman who bore the child for which a birth or still birth certificate is filed. The aproximate date of the test, but not the result, shall be recorded on the certificate.

4. The sum of $10,000 is hereby appropriated to the State Board of Health to cover the additional expense of performing these serological tests, extra clerical help, printing and other incidental expenses pertaining thereto.

5. Any person who shall divulge such information or open to inspection such certificates, statements, reports, applications or court orders, without authority, to any person not by law entitled to the same, shall be guilty of a misdemeanor.

6. This act shall take effect three months after being signed by the Governor of the State of Florida."

Quality of Service Stressed

(Continued from page 25)

vice Worker. Then, if this fails and the patient is in an infectious or potentially infectious stage, more drastic and legal measures are instituted. The late non-infectious Syphilis case is not followed up with as much intensity or persistance as the infectious or potentially infectious case.

Our case finding efforts have been mostly through the follow-up of contacts. A serological dragnet has not been attempted in this county, because our case load has increased too rapidly and even now is taxing the small personnel at our disposal. Again, the follow-up of contacts has been made a primary responsibility of the nursing staff, and other members of the staff only coming into play when her attempts have failed.

Our Gonorrhea Control Program is in its infancy. Heretofore, these cases were treated in our syphilis clinics. Since December 1940, an attempt has been made to segregate the Gonorrhea cases by establishing separate clinics, so that better treatment facilities can be provided. We are watching with intense interest the development of this phase of the Venereal Disease Control Program.

SYPHILIS DEATHS

Bureau of Vital Statistics,
Florida State Board of Health
Edward M. L'Engle, Director.

Deaths From Syphilis By Color, By Counties and Total Rates Per 100,000 Population, Florida, 1939.

COUNTIES	Total	Rate	White	Colored
State	447	23.6	91	356
Alachua	12	31.3	0	12
Baker	0	.....	0	0
Bay	2	9.7	1	1
Bradford	0	.....	0	0
Brevard	2	12.5	1	1
Broward	5	12.7	0	5
Calhoun	1	12.2	0	1
Charlotte	1	27.5	0	1
Citrus	1	17.1	0	1
Clay	2	30.9	0	2
Collier	1	19.7	0	1
Columbia	20	119.5	2	18
Dade	45	16.9	12	33
DeSoto	0	.....	0	0
Dixie	9	128.4	0	9
Duval	45	21.4	10	35
Escambia	7	9.4	1	6
Flagler	0	.....	0	0
Franklin	1	16.7	0	1
Gadsden (Ex.)	11	40.9	1	10
State Hospital	68	1510.4	16	52
Gilchrist	0	.....	0	0
Glades	0	.....	0	0
Gulf	1	14.4	0	1
Hamilton	3	30.7	0	3
Hardee	0	.....	0	0
Hendry	0	.....	0	0
Hernando	0	.....	0	0
Highlands	1	10.9	0	1
Hillsborough	36	20.1	13	23
Holmes	0	.....	0	0
Indian River	2	22.7	1	1
Jackson	2	5.8	1	1
Jefferson	2	16.6	0	2
Lafayette	1	22.6	0	1
Lake	7	25.8	1	6
Lee	0	.....	0	0
Leon	8	25.3	0	8
Levy	4	32.1	0	4
Liberty	0	.....	0	0
Madison	6	37.0	0	6
Manatee	7	26.7	1	6
Marion	23	73.7	4	19
Martin	1	16.0	0	1
Monroe	1	7.2	1	0
Nassau	0	.....	0	0
Okaloosa	1	7.8	0	1
Okeechobee	0	.....	0	0
Orange	16	22.9	3	13
Osceola	2	19.8	0	2
Palm Beach	16	20.2	5	11
Pasco	2	14.3	1	1
Pinellas	15	17.0	8	7
Polk	9	10.3	1	8
Putnam	2	10.7	1	1
St. Johns	3	15.1	0	3
St. Lucie	7	59.7	1	6
Santa Rosa	4	24.9	1	3
Sarosota	2	12.6	0	2
Seminole	8	36.0	0	8
Sumter	5	45.3	0	5
Suwannee	2	11.7	1	1
Taylor	3	25.9	0	3
Union	1	14.1	0	1
Volusia	9	16.9	3	6
Wakulla	0	.....	0	0
Walton	1	7.1	0	1
Washington	1	8.1	0	1

Note: In 1938 the number of deaths from syphilis in Florida was 440, the rate 25.9. The national rate for 1938, last available year, was 9.7.

Syphilis and Gonorrhea

FACTS

▲

Syphilis . . .

Syphilis may cause general paralysis of the brain and other nervous disorders, heart disease, blindness, deafness, may cripple physically and produce stillbirths.

Syphilis can usually be cured if treatment is started early enough.

The medical doctor finds syphilis by giving a thorough physical examination, augumented by a proper laboratory test. It takes both to make an accurate diagnosis.

Adequate treatment in early or uncomplicated syphilis consists of weekly administration of special drugs over a long period of time, usually 70 treatments. The recently publicized 5-day treatment is decidedly in the experimental stage.

Gonorrhea . . .

This infection is one of the more common reasons why women cannot have children. It can also cause infection of internal organs that may result in the necessity for removing the diseased organs by operation. In some instances it may cause death.

More people suffer from gonorrhea than from any other disease except the common cold.

SYPHILIS and GONORRHEA . . . are two different diseases, although they may occur in the same person at the same time. Gonorrhea does not turn into syphilis nor syphilis into gonorrhea. One attack of gonorrhea does not protect against another.

Self-treatment is DANGEROUS—Only a reputable medical doctor knows how to safely administer the special drugs for these diseases. Play safe. Go to a reputable doctor at once. If you are an indigent go to your County Health Unit or secure further information from the Florida State Board of Health.

FLORIDA

HEALTH NOTES

LAW SEEKS TO PROTECT PUBLIC

is an inspiration to me to look forward to a very successful administration he state health program. If the program is not as successful as it should I feel I will have no one to blame but myself. The Governor and his rd of Health have shown their confidence in me and my staff, and it is to us to carry on a program which will cause them no regrets."—WILLIAM PICKETT, M. D., State Health Officer, January 30, 1941.

UME 33 NO. 3 MARCH, 1941

OFFICIAL PUBLICATION

TE BOARD OF HEALTH JACKSONVILLE, FLORIDA

1895-1941

Dr. Albert Benjamin McCreary

STATE HEALTH OFFICER

"Of all the honors which came to Dr. McCreary during his lifetime . . . and they were many . . . none was so great as the loyalty of his staff and the enthusiasm with which private physicians throughout the State supported his undertakings."

FLORIDA HEALTH NOTES

ESTABLISHED 1890
JACKSONVILLE, FLORIDA

Official Publication State Board of Health

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Dr. Bryans of Pensacola Fills Vacancy Caused by Death of Dr. Baltzell

Former President of Florida Medical Association Fills Vacancy On State Board Of Health

—o—

The most recent recognition of ability and public service to be accorded Dr. Herbert L. Bryans, of Pensacola, prominent private physician and past president of the Florida Medical Association, is his appointment as a member of the State Board of Health. Dr. Bryans was appointed by the Governor of Florida to fill the vacancy on the board created by the death of Dr. N. A. Baltzell of Marianna, December 8, 1940.

In addition to serving as president of the Florida Medical Association, Dr. Bryans has served on various committees of House of Delegates of the American Medical Association. In the First World War Dr. Bryans served first as a First Lieutenant in the U. S. Army Medical Corps. When he was ordered overseas he was assigned on detached duty with the Royal Army Medical Corps of the British service and later was Commissioned captain and major.

Following his discharge from the Army in July 1919, Dr. Bryans accepted the position of associate member of the Board of Appeals of the U. S. Veterans Bureau, Washington, D. C. When decentralization of this bureau took place, Dr. Bryans was assigned to the New Orleans District Office as chief of the medical rating section. After organizing the rating section he was transferred to Mont Alto Tuberculosis Sanatorium, Mont Alto, Pennsylvania, as Chief of the medical service.

In 1923 Dr. Bryans resigned from government service to resume private practice in association with his father in Pensacola.

Dr. Bryans is the son of the late Dr. Robert L. Bryans and Lillie Gilbert Bryans. He was born in Griffin, Georgia, in 1889, and moved to Florida in his early childhood, residing in Leesburg for several years. Later he moved to Pensacola where he attended the public schools of Escambia County and obtained his preparatory college work at the Pensacola School.

In 1911 Dr. Bryans graduated from the Emory University School of Medicine, and during the following year did post-graduate work in internal medicine at the New York Post-Graduate Medical School. He began the practice of private medicine in Pensacola in 1913.

Dr. Bryans is a member of the Masonic Fraternity, Rotary Club, a fellow of the American College of Physicians and a charter member of the Rho Chapter, Theta Kappa Psi Medical Fraternity.

Florida's Basic Science Law Promotes Health and Safety of Citizens and Visitors

J. N. PATTERSON, M. S., M. D.
Assistant State Health Officer *and*
Director Bureau of Laboratories,
Florida State Board of Health

Law Seeks To Prohibit Practice Of Any Branch Of Healing Art By Untrained Persons . . . Act Administered By Non-Medical Board . . . Only Pre-requisites For Taking Examination Are (1) American Citizen (2) Good Moral Character (3) High School Graduate Or Equivalent

As a protection to the people of Florida, the 1939 Legislature passed what is known as the Basic Science Law, which compels persons desiring to practice any of the healing arts in Florida to first pass an examination in the elementary principles of the basic sciences. The law is essentially the same as those of other progressive States, and public health authorities believe its enactment constitutes one of the greatest advances ever made in behalf of the health and safety of the Florida citizens and visitors.

Because of its unsurpassable climate and consequent large influx of visitors, Florida has more than its share of unscrupulous individuals posing as "doctors" of one type or another. In many cases it has been found, upon investigation, that persons preying upon the public have had no training or education in the fundamentals of even one of the basic sciences, much less all of them. In fact, investigators have found that such persons are frequently not averse to exhibiting in their offices fraudulent "certificates" of graduation from fictitious schools or colleges in order to impress unsuspecting patients.

The Basic Science Law seeks to protect the public from this sort of practice and at the same time be fair to all branches of the healing art. It is not administered by a medical board and has no connection with the Board of Medical Examiners. Medical doctors desiring to practice in Florida must pass not only the Basic Science examination but also the Medical examination before they receive a license.

The Board of Examiners that administers the Basic Science Law consists of five persons learned in the basic sciences chosen from the faculties of the universities and colleges in Florida having four-year college courses. Members of the board are appointed by the Governor for over-lapping terms and no more than two members of the board shall be appointed from the faculty of any one of the universities or colleges.

■

To qualify for examination a person must be "a graduate of an accredited high school or possess the educational qualifications equivalent to those required for graduation by all accredited high schools. In addition, he or she must be a citizen of the United States of America and be of good moral character. These are the only pre-requisites for permission to take the Basic Science examination.

The examination consists of questions on the "elementary principles of the basic sciences" of anatomy, physiology, chemistry, pathology and bacteriology. Each applicant is known only by number until examination papers are read and the proper grade determined. The application form filled out by each applicant before taking the examination does not contain questions which will disclose the professional school the applicant may have attended or what system of treating the sick he intends to pursue.

■

Basic science examinations are held twice yearly at a time selected by the Board, so that the examinations are held approximately six months apart. The chairman of the Board arranges for the examination at one of the colleges or universities represented by members of the Board.

Those who pass the examination are issued certificates of proficiency in the basic sciences by the Examining Board. The law does not provide for reciprocity with any state or country. Any person who practices any branch of the healing arts without first having secured a certificate of proficiency in the basic sciences is guilty of a misdemeanor and upon conviction is subject by a fine of not more than $500 or by imprisonment in the county jail for not more than one year, or both fine and imprisonment.

■

For purposes of the act, "the healing art includes any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, care, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, injury or unhealthy or abnormal physical or mental condition." The act does not apply to dentists because they require a comparable examination before being issued a license to practice their profession. Neither does the Basic Science Art apply to pharmacists, nurses, optometrists, chiropodists or Christian Science practitioners, practicing within the limits of their respective callings. Nor does the law effect persons who were practicing any branch of the healing art in Florida at the time the law took effect in 1939.

The basic science law fills a long-felt need in Florida by requiring all who wish to treat disease by whatever method they may choose must first have adequate basic training. Every doctor of medicine (M.D.), every doctor of naturopathy (N.D.), doctor of osteopathy (D.O.), doctor of chiropractic (D.C.) is now required to take this examination.

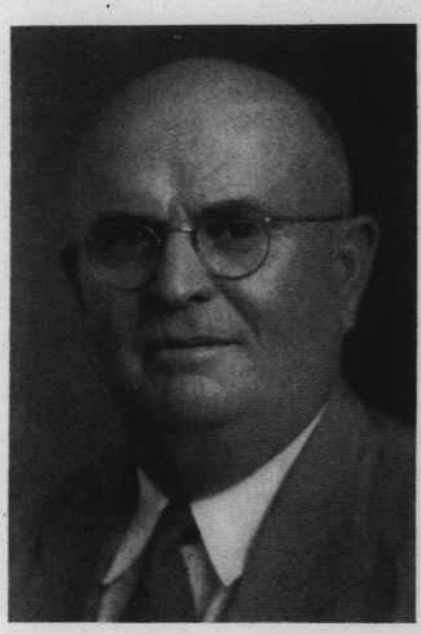
(Continued on Page 46)

New State Health Officer Expresses Pleasure Over Non-Political Appointment

SHALER A. RICHARDSON, M. D.
President, State Board of Health

Dr. William H. Pickett Appointed State Health Officer January 29, Issues Statement Assuming Responsibility For Successful Administration For Florida Public Health Program

On January 29 Dr. William H. Pickett of Jacksonville was appointed State Health Officer by Governor Spessard L. Holland to fill the unexpired term of Dr. A. B. McCreary who died January 24. The term expires September 11, 1941. Dr. Pickett has been serving as assistant state health officer since June 1 of last year, and prior thereto was for two and a half years director of the Pinellas County Health Unit to which he went from Escambia County where he served in the same capacity for a shorter length of time.



In a statement made public shortly after his appointment as administrative head of the State Board of Health, Dr. Pickett said "My appointment as State Health Officer by our Governor is an unusual and distinct honor of which I am very proud. It is unusual because Governor Holland said both before and after his election that politics will not involve the State Board of Health or state institutions of higher learning or of welfare insofar as his office is concerned. It is unusual also due to the fact that I did not solicit friends to influence the Governor in my appointment.

"It is a distinct honor to have been recommended to the Governor by the Florida

Medical Association and the State Board of Health for appointment, and to have received the appointment knowing that politics played no part in the selection of the appointee.

"The State Board of Health is a great and important institution founded and operated for the purpose of protecting and conserving the health of all Florida residents, military personnel and visitors alike, and deserves to be managed on a sound business-like basis. Public funds, provided by taxes paid by the people themselves, make the State Board of Health possible. It is a great responsibility to be entrusted with the administration of other people's money and I feel very keenly the obligation to make this money do the greatest amount of good for the greatest number of people by selecting only qualified personnel and operating the state health department as efficiently as a private business concern.

"It is an inspiration to me to look forward to a very successful administartion of the state health program. If the program is not as successful as it should be, I feel I will have no one to blame but myself. The Governor and his Board of Health have shown their confidence in me and my staff, and it is up to us to carry on a program which will cause them no regrets."

■

During Dr. Pickett's Administration in Pinellas County the rates of preventable diseases were materially lowered. Dental defects in school children reached the lowest percentage on record with the U. S. Public Health Service from over the entire Nation.

Dr. Pickett has been in public health continuously on a full time basis since 1922 when he graduated from the Harvard Technology School of Public Health. He organized and directed new bureaus of prevention of blindness for the State of Missouri and the U. S. Public Health Service. While in that State he was associated with Dr. Thomas Parran who since has become surgeon general of the U. S. Public Health Service.

■

Other public health positions held by Dr. Pickett include county health director in Montana, city health officer of Saginaw, Mich., medical director of the county contagious and tuberculosis hospital in Saginaw and director of the Escambia County, Florida, health unit.

During the World War Dr. Pickett served as a major and regimental surgeon in the field artillery at Camp Stanley, Texas. He attended East Florida Seminary at Gainesville, and graduated from the Georgia Normal College and Business Institute. His medical and surgery courses were taken at Atlanta School of Medicine from which he graduated in 1911. He was in private practice of medicine at Gainesville from 1912 until he entered the service.

Dr. Pickett is 52 years old, was born at Newberry, Florida, is married and has two children.

He is a member of the Duval County Medical Society, the Florida Medical Association, the Southern Medical Association; the American Medical Association, a life member and fellow of the American Public Health Association, a member of the Kiwanis Club and the Army and Navy Club of Jacksonville.

Dr. J. N. Patterson Elevated to Position As Assistant State Health Officer

—o—

Physician in Charge of State Laboratories For Past 3 Years Becomes Florida's Assistant State Health Officer.

—o—

Dr. J. N. Patterson director of the Bureau of Laboratories of the State Board of Health, was appointed Assistant State Health Officer on February 1. Announcement of the appointment made by the State Board of Health was the first official act of Dr. William H. Pickett, who became State Health Officer January 29.

Dr. Patterson's elevation to the new position does not mean that he will sever his connection with the Bureau of Laboratories which has made such marked progress under his direction. A well qualified assistant has been secured for the laboratories so that Dr. Patterson can assume his new responsibilities as Assistant State Health Officer and at the same time continue as director of the Bureau of Laboratories.

Dr. Patterson came to the State Board of Health in 1938 as director of laboratories and has held that position ever since. The state laboratories are now outstanding in the nation according to evaluation studies conducted by the U. S. Public Health Service and the American Society of Clinical Pathologists.

At the last annual convention of the American Public Health Association in Detroit Dr. Patterson gave a paper on the techniques employed in public health laboratories. Two years ago he gave a paper before the Florida State Medical Association on "Evaluation of the Common Serological Tests in the Diagnosis of Syphilis."

Dr. Patterson received his B. S. degree at Bucknell University, Lewisburg, Pennsylvania in 1924. He received his M. B. and M. D. degrees at the University of Cincinnati Medical College in 1928 and 1929 and his M. S. degree in 1932 from the University of Cincinnati.

Dr. Patterson was connected with the Department of Pathology at the University of Cincinnati Medical College from 1929-1938

serving as assistant professor of Pathology the last four years. He was attending Pathologist to the Cincinnati General Hospital and the Bethesda Hospital in Cincinnati.

Dr. Patterson was Director of Laboratories of the Hamilton County Tuberculosis Hospital in Cincinnati and Pathologist to the Coroner of Hamilton County for four years. He was clinician in the cardiac, gastric, and medical clinics of the Cincinnati General Hospital.

Dr. Patterson is a member of the Duval County Medical Society, Florida Medical Association, American Medical Association, Florida Public Health Association, American Public Health Association, American Society Clinical Pathogists, Civitan Club, and State and Territorial Laboratory Directors Conference.

Dr. Patterson is Chairman of the Committee on Report Forms & Specimen Contains of the American Public Health Association and Consultant to the Program Committee of the Florida Anti-Mosquito Association.

Increased Application of Nutrition and Preventative Medicine Needed to Improve Health of Young Children

WILLIAM H. BALL, M. D.
Director, Bureau Maternal and Child Health
State Board of Health

Florida's High Maternal Mortality Rate Reflected In Number Of Stillbirths And Health Of Infants . . . Leading Causes Of Death In 0-9 Year Age Group Discussed

In determining the health level of children one finds that one of the best indicators is found in the study of vital statistics which is a study of the amount of illness and death, by cause, age, sex, race, residence or any factor in which one is interested. Death certificates are very accurate, for it is but rare that a death passes without recording. Statistics dealing with the amount of illness are much less accurate.

It has been our experience that after having provided full time health service in a county reports of notifiable diseases have increased considerably.

Usually a satisfactory method of determining the amount of illness is in taking the number of deaths of a particular disease and knowing its percentage of mortality figure back and obtain the probable number of cases of that disease. For instance, in 1938, 31

deaths from diphtheria were reported. The probable number of cases obtained by this method, since the mortality rate of diphtheria is approximately 5%, would be twenty times the number of deaths, or, 620 cases. Actually, only 299 cases were reported in that year.

High Maternal Mortality

No attempt will be made to use specific rates or perecntages. For instance, the maternal mortality rate in 1938 for Florida was 7.5; for the U. S., 4.4. For simplicity's sake, the same fact is conveyed by saying that Florida had a mortality rate 70% higher than that of the United States, or, even better, stating that the mortality rate of Florida was considerably higher than that of the nation.

In considering child health, inquiry naturally falls in two fields: one, curative medical service; the other, preventive medicine, and being an official of the Health Department, this paper will interpret the health level of the child from the point of view of preventive medical service or public health service. In considering the health of the child, we must go back to the health of its mother to be. Since Florida's mortality rate for maternity is considerably higher than that of the U. S., and of many other Southern states, this will be reflected naturally in the number of stillbirths and in the health of the infants that are born. Annually there are approximately 33,000 live births and 1800 stillbirths, many of the latter which could be prevented by the mere application of good obstetric practice.

Prematurity Is Serious Problem

Prematurity of birth carries a considerable handicap to the infant, one so great that 500, or one-half of the total number of neonatal deaths, are due to this cause. Adequate prenatal care would prevent a great number of these premature births and special but inexpensive emergency care of the premature infant after its birth, with improvised incubators in the poor homes and small hospitals, could further save a good proportion of these 500 infants.

The neonatal period is the first month of a new born's life. It is during this first month that over half of the infants who die during the first year of life meet with fatalities. These are caused by infection, feeding problems, hemorrhages, birth injuries, syphilis, etc.

The child, during infancy and the pre-school age, passes through the most difficult period that it will probably meet throughout its entire life, for here, death and illness take an appalling toll, accounting in this state, during infancy alone, for 1500 deaths. A great percentage of these are preventable and should be saved by the extension and application of present knowledge and existing facilities. The cause of death in this group are premature birth, pneumonia, diarrhea, contagious disease, especially measles, whooping cough and diphtheria. In addition to these deaths, there are hundreds of infants who survive an attack of these disabling and sometimes crippling diseases. Since about 30 percent of the total births in this state are attended by midwives, the greater percentage of whom are unqualified for this service, one might suspect that bad obstetrics would contribute to the total number of stillbirths and infant deaths.

Nutrition Knowledge Needed

For the past decade there has been a progressive decrease in the mortality of infants and pre-school children in the United States which bespeaks much improvement of the general health level of the young child, but still this is not near the rate which we could expect by the extensive use of the available knowledge in giving health supervision to the infant and pre-school child. There has been a corresponding decrease of infant mortality in Florida, but this decrease has not been as great as that of many other states of comparable size and population, whose rates are almost half that of our own.

Regular health supervision in infancy and the pre-school child, without question, will have a considerable effect in depressing the amount of illness and deaths of infants and pre-school children. This health supervision consists of a physical examination soon after birth with an effort to obtain successful breast feeding, with careful avoidance of infection, plus regular visits to the physician for re-examinations at regular intervals, for observations of the rate of gain of weight and length, for proper instructions in meeting nutritional requirements of the infant and child, and re-appraisals of the physical and mental development. Here, with the aid of the nurse, the parent is taught the simple laws of hygiene of communicable disease for protection from contacts and the prevention of the spread of such diseases. In addition, an intelligent understanding and application of the science of immunology is practiced for the protection from those diseases commonly harassing the infant and young child—especially, diphtheria, smallpox, whooping cough, scarlet and typhoid fevers. An important part of this supervision consists of determining susceptibility to some of the contagious diseases and the effectiveness of the immunizations by the use of the Schick test for diphtheria, the Dick test for scarlet fever, the type of reaction in smallpox vaccination and for past contact with tuberculosis by the tuberculin skin test.

Of the 33,000 annual births in this state, 1500 infants die during the first year. Of 380,000 children under ten years of age, relatively few infants and pre-school children receive the advantage of regular health supervision. During the past year, 3500 infants and 5400 pre-school children were given this supervision in the health conferences of the county health departments, and many thousand were seen in the clinics of city health departments and those maintained by private organizations. The number of infants and pre-school children seen in the office of the private physician is large, but unknown, but it is believed that a relatively small percentage receive regular health supervision. This condition is reflected in our high infant morbidity and mortality rates.

Infant Mortality Decreases

From the records of our 80 well baby and pre-school conferences maintained by the county health departments, we find recorded there countless times "malnourished," ranging from the fat, flabby baby of carbohydrate indulgence to the thin, miserable infant presenting that apathetic stare suggestive of emaciation. It is believed that this is due chiefly to the lack of extension and application of the newer knowledge of infant nutrition now possessed by physicians, health officers and public health nurses. Nutritional anemias are frequent, occuring in

cities, but more extensively in rural areas. There are many cases of sub-clinical stages of vitamin deficiency diseases. It has been common experience to observe in these clinics and the nursery schools young children blossom out from corrective diets, suplemented by evaporated milk, vitamins and minerals that were given as samples by the reputable concerns. Quite frequently, however, advice and recommendations of the clinic physician and the public health nurse in the home could not be followed by the family due to lack of money or of any agency in the community assuming this responsibility.

Of special importance in this group—the infant and pre-school child—is syphilis, which is the tenth cause of death in young children. While we have no definite figures from a survey, it is known that about one or two percent expectant white women have syphilis at the time of their pregnancy and the percentage of colored women so infected is considerably higher. During 1940, 600 children were treated for congenital syphilis, which could easily have been prevented by adequate prenatal care.

School Inspections

At the beginning of school age the majority of children in this state receive their first experience in regular health supervision. In the larger cities this service consists of an annual physical examination followed by efforts for correction of defects found and the immunization for diphtheria, smallpox and typhoid fever. This service is not available in numbers of schools, especially in the smaller and rural counties. Of the 33,000 school children examined last year in counties having health departments, regular constant findings of these examinations are almost in the same ratio as we find in the pre-school group: malnutrition, anemia, underweight are frequent; defective vision and hearing are in smaller numbers but are constantly brought to the attention of the school authorities, teachers and parents in these examinations. Postural defects are frequent. The percentage of these children having dental defects is so large as to be almost unbelievable ranging to almost 90 percent in many areas. These dental defects consist of gingival abscesses, many decayed teeth, malocclusion, malposition and developmental defects of the jaw.

Immunization history shows an appalling lack of effort or knowledge of the value of these procedures in controlling communicable diseases. Intestinal parasites run rampant, varying in the better schools from ten percent to almost one hundred percent in small rural schools. Frequent histories of repeated upper respiratory infections, in many cases being almost continuous in the winter months, is noted. Chronic infected tonsils, evidenced by enlargement of the lymph glands of the neck, are common.

Corrections Discouragingly Low

It is the experience of most health departments that the percentage of corrections of these defects brought to the attention of the school authorities remains small. Investigations as to why these defects have remained uncorrected have revealed that some families who realize the need of correction have been unable to obtain this due to the inability to supply the additional necessary foods—milk, vitamins, minerals, or the means to pay for the removal of tonsils, the repair of teeth, etc. It has been very sur-

prising, especially in the rural areas of this state, that there seems to be but little true conception of a robust, healthy child.

Much improvement has been made in the control of communicable disease by immunization, by public health methods so that the rate of illness and death from these diseases has been greatly reduced but the rate of births and deaths of premature infants remain about the same. Pneumonia, as a leading cause of death, still offers a fertile field for reduction in mortality due to the introduction of improved methods of diagnosis and treatment. Wide dissemination of the knowledge of the necessity for the sterilization of infant's milk, by boiling or pasteurization, and the care and preservation of other foods will greatly depress the amount of illness and death from diarrhea (gastro-enteritis), which is now one of the main causes of deaths of children.

Rural Areas Should Be Stressed

Very important in lessening the illness and death of children is the extension of health supervision widely throughout the state, especially in the rural areas. This is best accomplished by the establishment of full time health departments which could administer preventive medical services and health education in the health centers established for the prenatal, infant and pre-school patients. Supplemental to this is the vastly important teaching potentiality of individual instruction in the home by the public health nurse.

In summary, the health conditions of the children of this state do not compare favorably with that of many other and of the nation as a whole, the chief deficiency being the lack of dissemination and application of the knowledge of nutrition and the prevention of contagious diseases. The primary needs are health supervision of the expectant mother, the infant, the pre-school and school child for the fullest development of the physical, mental and spiritual potentialities of the child.

Child health, being inseparable from the health of the family, good housing, clothing, nutrition, recreation and education, cannot go forward without an even advance on all fronts of the factors making for the entire welfare of the child. Much faster progress in child health can be expected only when physicians, health departments, school and welfare authorities integrate their programs for it is evident how useless it is to possess the knowledge for the return to or the maintenance of health when that knowledge cannot be used due to the low economic or social levels.

Florida's Basic Science Law

(Continued from Page 38)

Members of the present Board of Examiners of the Basic Sciences and their terms of office are: Ezda May Deviney, Tallahassee, (September 12, 1943) ; Donald D. Dobe, Tampa September 10, 1943) ; Mark Worth Emmel, Gainesville (September 10, 1941) ; Jay F. Pearson, Miami (September 8, 1942) ; John Ferguson Conn, DeLand, Secretary, (September 25, 1942). The next examination will take place at John B. Stetson University, DeLand, June 7 ,1941.

TALLAHASSEE WOMAN'S CLUB ADOPTS HEALTH OBJECTIVES

The Welfare Department of the Tallahassee Woman's Club has adopted a set of objectives for 1941 designed to give concrete assistance to the promotion of 'healthy babies and happy children". They have issued a bulletin describing the objectives as:

I. Every member of the Woman's Club cooperating with the Public Health and Welfare Departments of the County on three particular points:

1. **Control of venereal diseases,**
2. **Prevention and cure of tuberculosis,**
3. **Support of under-nourished pre-school children.**

What each person can do:

1 (a) Require domestic servants to have examination for venereal diseases. If test is positive, see that treatments are kept up until cure is effective.

(b) Influence friends to do as suggested in (a).

(c) Give information regarding local health conferences and the possibility of preventing and controlling certain disease. Try to discourage fear and criticism; emphasize the constructive attitude.

(d) Use all possible influence to bring indigent expectant mothers to the prenatal clinics of the Health Unit.

2 (a) Require domestic servants to have X-ray examination for tuberculosis.

(b) Disseminate information regarding free eaxminations for tuberculosis.

(c) Influence the County School Board to require all teachers to have X-ray examinations for tuberculosis.

(d) Influence the State Hotel Commission to require that all food handlers have X-ray examination for tuberculosis.

(e) Try to help provide facilities for segregating tuberculous patients.

3 (a) Contribute clothing and shoes, especially for children.

(b) Keep the welfare workers supplied with a few layettes.

(c) Each Division or Department of the Club adopt a baby for a stated period — say three months — to supply all nourishment and medicine recommended by the doctors.

II. Arouse interest in the overcrowded conditions existing in our grammar schools.

III. Help the City and other organizations in an endeavor to provide a recreation center and a program of wholesome recreation for the trainees at the U. S. Air Base, as well as a community recreation center.

IV. Cooperate in every way possible with the County Probation Officer in the excellent work she is doing. Miss Love will always be glad to see you and suggest ways in which you may be of service.

V. Let this Club be the inspiring factor in establishing a Day Nursery for pre-school children, where they may be taken care of while the mothers are at work, given proper food and training, and the mothers given some instruction in the care of their children. This cannot be done by the Woman's Club alone, but it can be done with the cooperation of other civic organizations of the city. Won't you give us your wholehearted support on this project?

Measles . .

Measles is considered one of the most contagious diseases of childhood. Because measles is weakening and lowers the resistance to other diseases, complications such as pneumonia and ear infections are common. Measles is especially dangerous in infants under one year of age because of the frequent development of broncho pneumonia.

Symptoms

Measles begin as a "head cold" with sneezing, a running nose, and red watery eyes. Three or four days later a red blotchy rash develops, the tongue becomes covered with a fuzzy coating, and the throat becomes very red.

What To Do

If you suspect your child has measles, put him to bed in a room by himself and call your family physician at once. Follow his directions carefully. Keep other people away from the child. Wash your hands carefully every time you leave the sick room and before you handle other children. Carefully gather all discharges from his eyes, ears, nose and mouth on clean rags or paper tissues and burn them.

The most valuable measures for preventing the spread of measles are:

Consult your family physician if your child has been exposed to measles. He may wish to give him convalescent serum or adult whole blood to modify or prevent the attack.
Early recognition, from close observation of all children who have "head colds".
Immediate isolation of all children suspected of having measles.
Careful disinfection and careful hand washing during an illness with measles.

You can help the health department control measles by:

Reporting any measles in your family to your physician.
Enforcing the restrictions advised.
Cooperating with teachers by keeping all children with "head colds" away from other children.
Refraining from deliberately exposing any child to measles.

REMEMBER

Your child's future health may depend upon the care he is given during an attack of measles.

FLORIDA

HEALTH NOTES

KNOW CANCER, DON'T FEAR IT!

"Cancer control cannot be left to physicians and research workers alone ecause cancer can be diagnosed and treated in its early stages only if men s women know the basic facts concerning cancer and act upon those facts."
JAMES M. HOFFMAN, M.D., Chairman of Committee on Cancer Control, rida Medical Association.

OLUME 33 NO. 4 APRIL, 1941

OFFICIAL PUBLICATION

TATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

SIXTY-EIGHTH ANNUAL CONVENTION

FLORIDA MEDICAL ASSOCIATION

ROOSEVELT HOTEL

JACKSONVILLE, FLORIDA

APRIL 28 - 30, 1941

Special Society and Association Meetings

AMERICAN COLLEGE OF PHYSICIANS, FLORIDA SECTION

Third Annual Meeting

MONDAY, APRIL 28 — ROOSEVELT HOTEL
10:00 A. M. — 12 Noon Luncheon

FLORIDA SOCIETY OF DERMATOLOGY AND SYPHILOLOGY

Regular Quarterly Meeting

MONDAY, APRIL 28
Out-Patient Department — Duval County Hospital
9:00 A. M. — 12 Noon Luncheon at Spanish Restaurant, East Adams Street

FLORIDA ASSOCIATION OF INDUSTRIAL SURGEONS

Third Annual Meeting

SUNDAY, APRIL 27 — 5:00 P. M. — GEORGE WASHINGTON HOTEL

FLORIDA SOCIETY OF OBSTETRICS AND GYNECOLOGY

Roosevelt Hotel

MONDAY, APRIL 28 — 10:00 A. M. Business and Organization Meeting

FLORIDA SOCIETY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

Third Annual Meeting

GEORGE WASHINGTON HOTEL — MONDAY, APRIL 28
10:30 A. M. — 12:30 Luncheon and Business Meeting

FLORIDA PEDIATRIC SOCIETY

Sixth Annual Meeting

Roosevelt Hotel
SUNDAY, APRIL 27 — 6:00 P. M.

HEALTH OFFICERS' SECTION

Florida Public Health Association

Roosevelt Hotel
MONDAY, APRIL 28 — 9:00 A. M.

FLORIDA RADIOLOGICAL SOCIETY

Tenth Annual Spring Meeting

Roosevelt Hotel
SUNDAY, APRIL 27 — 2:30 P. M. — 8:30 P. M.
MONDAY, APRIL 28 — 9:00 A. M. Business Meeting

FLORIDA RAILWAY SURGEONS' ASSOCIATION

Twenty-Second Annual Meeting

Roosevelt Hotel
MONDAY, APRIL 28 — 9:00 A. M. General Session — 12:30 P. M. Annual Luncheon

FLORIDA HEALTH NOTES

ESTABLISHED 1890
JACKSONVILLE, FLORIDA

Official Publication State Board of Health

NUMBER 4 ■ VOLUME 33 ■ APRIL ■ 1941

Table of Contents

Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice Jacksonville, Fla., Act of Aug. 24, 1912.

General Aspects Of Cancer Described . . . Is Not Due To A Germ

J. N. PATTERSON, M.S., M.D.
Assistant State Health Officer

Cancer Is A Malignant Tumor . . . Susceptibility To Cancer Inherited But This Can Be Largely Overcome By Preventitive Measures, Early Diagnosis And Treatment

Although medical research has not yet been able to find the cause of cancer, it has determined many useful and interesting facts concerning this disease. It is generally conceded, for example, that cancer is not caused by a germ and consequently cancer patients cannot transmit it to others.

A real tumor, technically called a neoplasm, may be defined as more or less of a circumscribed growth of new cells which multiply without control and serve no useful purpose. Ordinary cellular growth is controlled and serves a useful purpose. A true tumor, or neoplasm, results from a cell or group of cells becoming mutinous and acting as outlaws or bandits within the body of the individual affected. These cells continue to divide without control, usurp nutrition from the normal cells and in general act as a parasite to the host.

Neoplasms are divided into two great classes, (1) Innocent or benign (2) Dangerous or malignant. A benign tumor tends to remain localized, enlarging by *central growth,* and not becoming dangerous to life unless from pressure upon a vital structure. A malignant tumor, on the other hand, does not usually remain localized and enlarges *peripherally,* sending out finger-like processes into the surrounding tissues and is carried to other parts of the body by means of the blood and lymphatics.

A malignant tumor will cause death in time unless it can be completely removed by surgical means or unless all tumor cells are killed by radium or deep x-ray therapy. The word "cancer" is usually used in a general sense to designate any malignant tumor. A malignant tumor continues to grow until death of the individual and is not self-limiting as are most infectious diseases which are caused by living micro-organisms. The suitability of the name is obvious when one recalls that cancer means crab-like, and malignant tumors are characterized by the crab-like manner in which they send out finger-like processes into surrounding normal tissue.

The nature of cancer is not fully understood at present but there is a large amount of practical knowledge available concerning its causation, and course in the body. It is also preventable and curable to a certain extent.

Chronic irritation, whether it be from infection or mechanical trauma, is apparently the most common and dangerous inciting

factor in producing cancer. Therefore in prevention of cancer, the most important factor is to prevent chronic irritation.

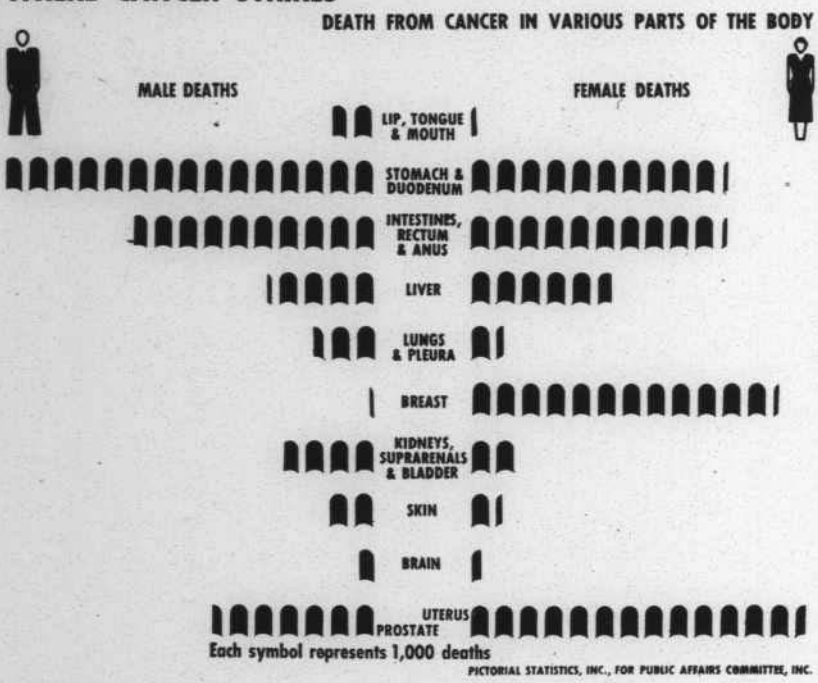
Because of the frequent occurrence of cancer in the female breast and womb the incidence of cancer is higher in women than in men. It is particularly liable to occur in the neck of the womb or cervix due to childbirth. During childbirth the cervix is frequently torn and if not properly repaired it may become secondarily infected thus causing a chronic irritation. Any woman, particularly one in the cancer age, should have a thorough physical examination if a discharge, and particularly a bloody discharge, should develop. A lump in the breast should be examined at once by a medical doctor. Any unusual symptoms involving the bowels or stomach in a middle aged or older person should be thoroughly investigated, particularly if that person has not been troubled by a similar symptom previously.

Susceptibility to cancer is definitely inheritable but definite means of preventing development of cancer in many individuals by eliminating the inciting factor of chronic irritation are available. If all persons in the cancer age would have a thorough physical examination at least once a year, and go to their family physician the moment any unusual symptoms develop, such as discharges or lumps, many lives would be spared.

The only treatment for cancer is either (1) Complete surgical removal or (2) Irradiation by deep x-ray therapy or radium. Above all, treatment by any one except a competent, well-trained medical doctor should be avoided.

Cancer is occasionally found in very early life, even in infancy, but on the whole it is a disease of adult life, occurring chiefly after 40 years of age. There is a definite increase in the number of reported deaths from cancer . . . it is estimated that over 100,000 persons died of cancer in the United States in 1939 and 1700 in Florida. Part of this increase is attributed to better diagnosis and part to the increased number of younger persons being spared from diseases that formerly took heavy tolls so that more people are reaching the so-called cancer age. However, there is an actual increase in the incident of cancer.

This regrettable increase could, however, by the application of present scientific knowledge, be reduced. The key to this door of knowledge is *early diagnosis.*



"From 'The Fight on Cancer' by Clarence C. Little, published by the Public Affairs Committee, New York City"

U. S. CENSUS BUREAU PROVIDES DATA ON WHERE CANCER STRIKES

The reports published by the U. S. Bureau on the Census for 1936 show that 142,538 people of known ages died of cancer in the United States. The parts of the body most likely to be attacked by cancer are shown in the pictorial chart above, and are enlarged upon in the table below:

	Number	Per Cent
Lip	764	0.56
Tongue	1,097	0.81
Mouth	620	0.46
Jaw	950	0.70
Pharynx	912	0.68
Esophagus	2,386	1.77
Stomach, duodenum	27,241	20.31
Intestine	15,634	11.45
Rectum, anus	7,325	5.47
Liver	10,425	7.77
Pancreas	4,440	3.31
Lungs and other respiratory organs	6,840	5.10
Uterus	16,280	12.14
Breast	13,708	10.22
Male genito-urinary	12,356	9.21
Skin	3,404	2.53
Kidneys	2,075	1.54
Bladder	4,653	3.46
Brain	1,284	0.95
Bones	1,976	1.47
	134,370	

Further interesting and important facts are also available from the Census Bureau report. Taking the total number of cancer deaths at a single age period as 100 percent, it is possible to calculate what proportion of that total occurs in different sites. The nine commonest sites for cancer at each successive age period can be tabulated in order of frequency as follows:

AGE	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-
	Kidney	*Bones*	Diges*	Diges*	Diges*	Diges*	Diges*	*Diges**	Diges*	Diges*
	Diges*	*Brain*	Uterus	*Uterus*	Uterus	Uterus	Uterus	Breast	Skin	*Skin*
	Bones	Diges*	Lung	Breast	*Breast*	Breast	Breast	Uterus	Breast	Breast
	Brain	*Lung*	Brain	Lung	Lung	Lung	Lung	Mouth	Mouth	*Mouth*
	Lung	Kidney	Bones	Brain	Mouth	Mouth	Mouth	Skin	Uterus	Uterus
	Mouth	Mouth	Breast	Bones	Kidney	Kidney	Skin	Lung	Lung	Lung
	Skin	Skin	Mouth	Mouth	Brain	Bones	Kidney	Kidney	Kidney	Bones
	Breast	Breast	Kidney	Kidney	Bones	Skin	Bones	Bones	Bones	Kidney
	Uterus	Uterus	Skin	Skin	Skin	Brain	Brain	Brain	Brain	Brain

(Italics indicate periods of greatest prevalence of each type of cancer in relation to other types. Thus in section 40-49, there is not more cancer of the breast than of the digestive organs, but it is more prevalent in these years in relation to other cancer than at other times.)

* Digestive tracts and intestines.

Physicians Need Help Of All Lay Persons In Control Of Cancer

JAMES M. HOFFMAN, M.D.

Chairman, Committee on Cancer Control
Florida Medical Association

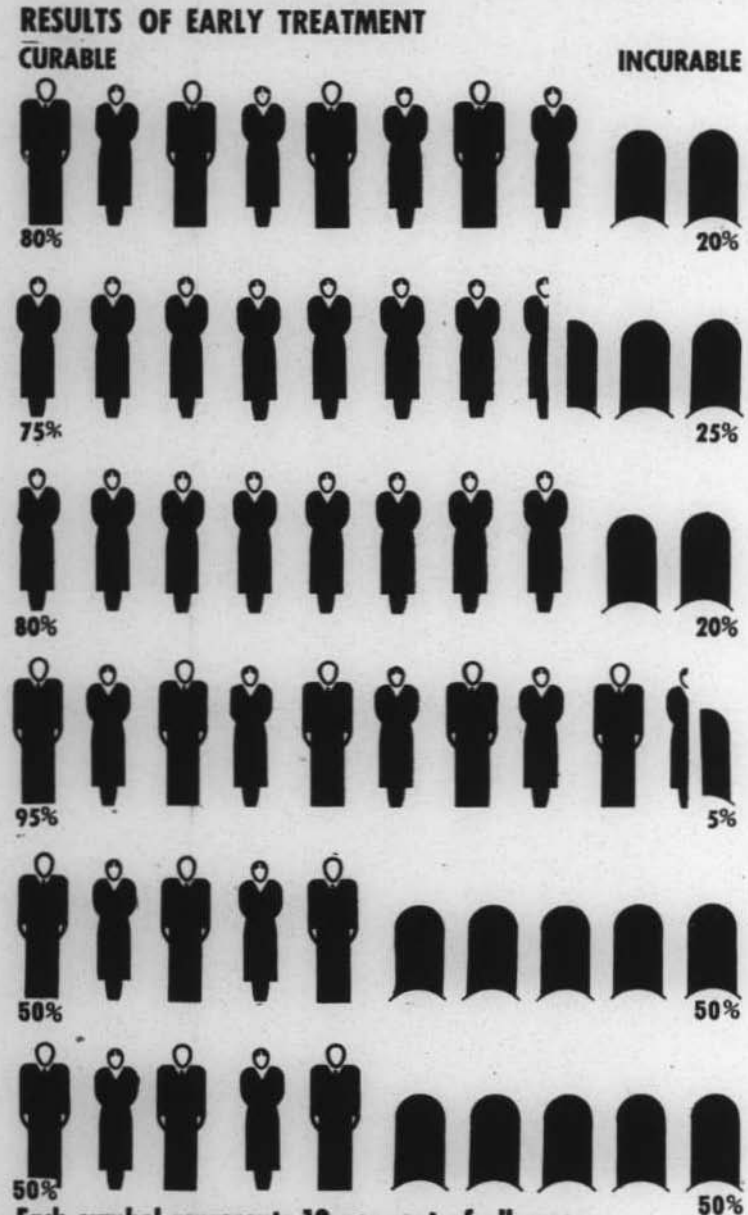
Cancer control cannot be left to physicians and research workers alone because cancer can be diagnosed and treated in its early stages only if men and women (1) Know the basic facts concerning cancer and (2) Act upon those facts. Thus the responsibility for controlling cancer falls to the lay public just as surely as it does upon physicians and research workers.

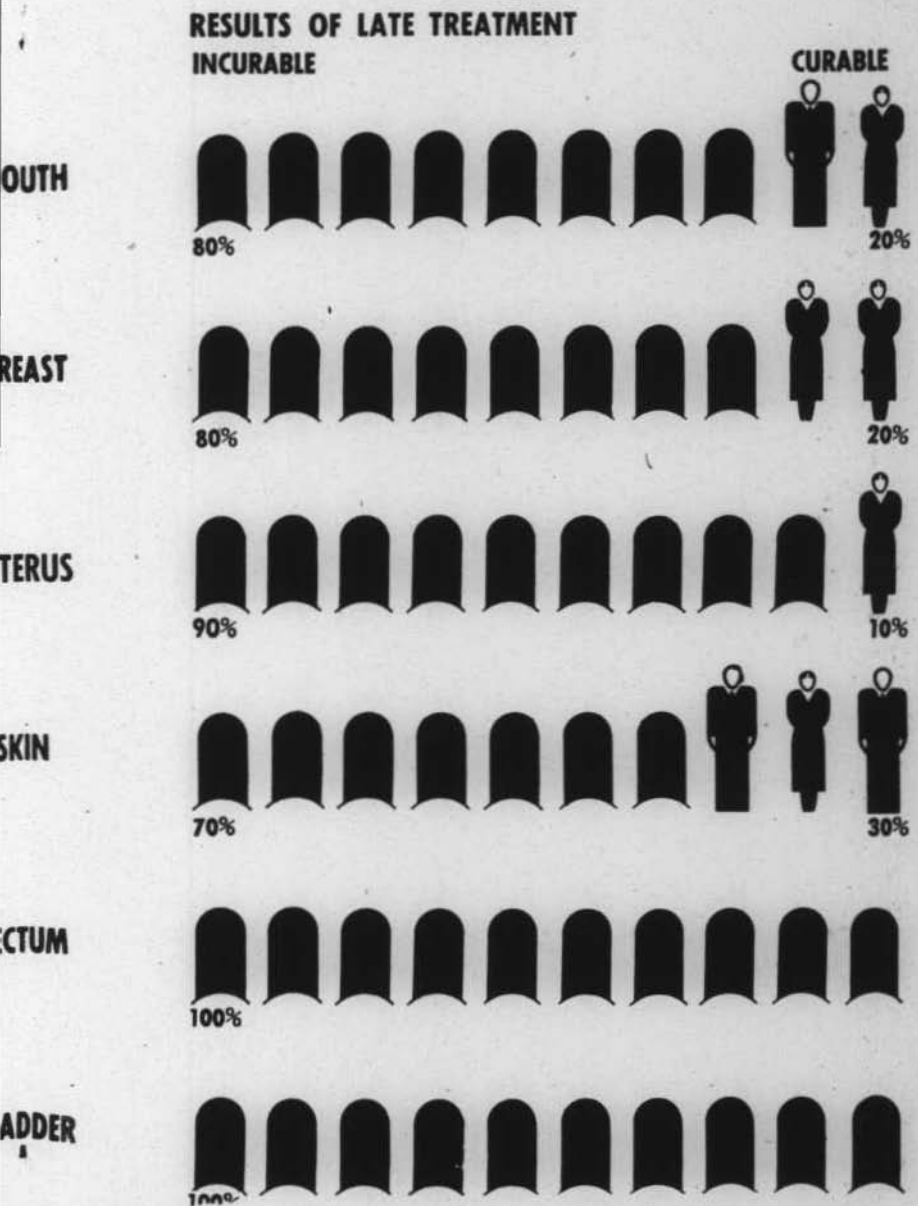
One of the encouraging signs on the statistical horizon where cancer continues to mount, is the number of cancer cures being reported. It is estimated by the American Society for the Control of Cancer that about 4,000 women were saved from cancer of the breast and a similar number were cured of cancer of the uterus in the last 12 months because they sought prompt, reliable medical treatment.

The breast and uterus are singled out for discussion because despite the fact that these two organs are the most frequently affected by cancer in women, they are the organs about which women seem prone to be most neglectful. Although it is not considered good educational psychology to point to the darker side of a picture, I believe women would not be so neg-

(Continued on page 61)

EARLY CANCER IS CURABLE





ment is "early" if it is taken while the cancer is limited to the particular affected, and has not caused degenerative changes.

'The Fight on Cancer' by Clarence C. Little, published by the Public Affairs Committee, New York City"

Cancer Research Progresses Along Two Fronts . . . Origin And Cause, Diagnosis And Treatment

C. C. LITTLE, M.D.
Managing Director
American Society for the Control of Cancer

Headway Being Made But Dr. Little Believes Efforts Of 15 Or 20 Laboratories And 300-400 Scientists Are Hampered By Lack Of Public Understanding And Support

Is cancer research making progress? No question can be asked which affects so vitally the health and happiness of the people of the United States. Often there is criticism because the campaign against cancer seems to be progressing so slowly. Women and men, conscious of the need for help, are anxious to hear of some startling advance which will revolutionize the treatment of the disease and conquer it as so many other diseases have been conquered by medical science.

There is no doubt that advances are being made and that every month sees new discoveries which help us to understand the nature of the problem and to move forward along one of the many scientific or medical fronts in the fight against it. When we stop to realize that it takes hundreds of millions of people and thousands of millions of dollars and even more hours of intense effort to settle a single problem such as that which is now the cause of war over the whole world, we should not be surprised that progress against cancer is so slow.

Cancer is not a single problem or issue. It is a disease which occurs in any or all of the tissues of the body under circumstances which are many and diversified. In its various forms it has certain things in common but the points of difference are much more numerous. This means that the enemy which we are trying to defeat is nowhere near as easy to define and analyze as such movements as Nazism, Fascism or Communism. Small wonder then that with a few hundred research workers and an annual expenditure of perhaps not more than a million or two dollars, the human race moves forward slowly in this particular fight.

Of course, it is not fair to expect that all the resources of any one nation or group of nations should be diverted to the fight on cancer. It is, however, certain that the war against it must be much more general and intelligently planned than it has been in the past. Both of these results can be obtained with a comparatively small expenditure of money provided the American public realizes what the issue really is and is ready to assert its opinion in the direction of proper progress. There are in the United States perhaps 15 or 20 laboratories and 300-400 people whose efforts to make progress against cancer are handicapped today by this lack of understanding and support. Problems of relatively as great importance to the control of cancer as is

the capture of one of the Libyan seaports to the cause of Democracy remain unsolved because the few thousand dollars necessary to attack them are not forthcoming. In the meanwhile a single state of less than a million citizens will spend from five million to six million dollars a year for cosmetics and perhaps twice as much as that for moving pictures and amusements. All of these recreations are beneficial and I do not wish to see them diminished.

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Research on cancer can roughly be divided into two broad categories. One deals with its origin and cause, the other with its diagnosis and treatment. One can be sure that the disease will never be controlled until knowledge in both of these broad fields has been advanced. In general it is easier to obtain support for the second and more practical phase of the problem; namely, the diagnosis and treatment of cancer, than it is for investigation into its origin and nature. Yet it is in the first field where biology, chemistry and physics are all involved that we must eventually look for and find the facts on which the conquest of the disease will depend. Examples of recent advances in the three foundation sciences may be briefly given.

In physics the investigation and development of the cyclotron, a machine which can break the atoms and make radio-active, chemical substances which formerly were relatively inert, has opened a whole field of investigation the full fruits of which will not be gathered for many decades to come. In the meanwhile, every day means progress of vital importance, whenever and wherever studies in this direction are being made they should receive the sympathy and support of every intelligent man and woman.

In chemistry the discovery of more than 400 substances which when applied to or injected into animals will lead to the formation of cancer, has been of the utmost importance. It means that cancer can be produced pretty much at will and that man can make his enemy appear under conditions which are controlled and capable of exact study.

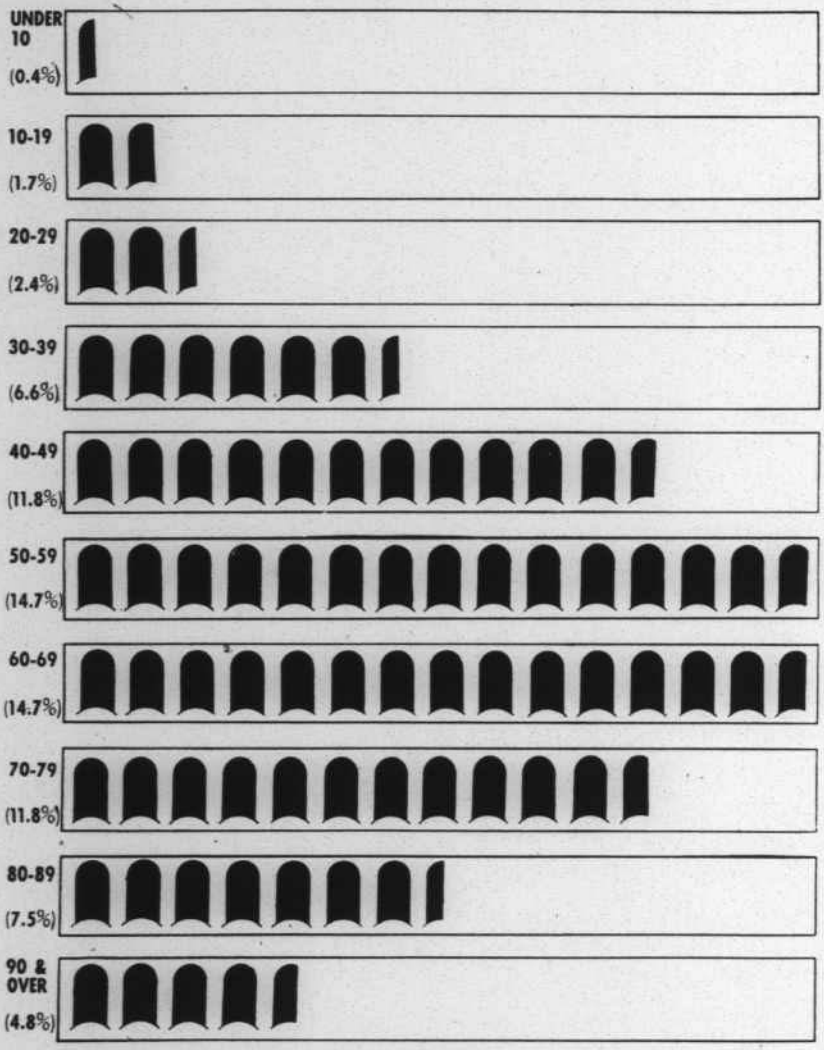
In biology the production and utilization of inbred strains of animals such as mice in which cancer closely allied to the human type is prevalent has made it possible for man to be on the alert and in a position where he can observe the steps which precede the origin of cancer at its very earliest stages. By the use of this material he has also reduced the variability and unknown factors which have up to now complicated his studies and have blocked his progress.

•

Quite naturally a combination of these three techniques will mean a greater advance than the use of any of them alone. All over the country the most active men in cancer research are alive and alert to the opportunities which lie before them. What they need is an aroused interest of men and women who will support them in their active combat on the battlefront in the same way that every American man and woman is today supporting and is prepared to continue his backing on all efforts toward National Defense.

AGE AND CANCER

PROPORTION OF DEATHS FROM CANCER BY AGE GROUPS



Each symbol represents one per cent of total deaths

PICTORIAL STATISTICS, INC., FOR PUBLIC AFFAIRS COMMITTEE, INC.

"From 'The Fight on Cancer' by Clarence C. Little, published by the Public Affairs Committee, New York City"

PHYSICIANS NEED HELP OF ALL LAY PERSONS IN CONTROL OF CANCER

(Continued from page 55)

lectful of these two organs if they knew that more than 14,000 women were reported by the American Society for the Control of Cancer as having died of cancer of the breast and 16,000 from cancer of the uterus during 1939. This unnecessary loss of life occurred in the face of modern medical knowledge that could probably have saved two-thirds of the breast cases and three-fourths of the uterus cases had they been brought for diagnosis in an early stage.

Thus, we revolve around the circle and come back to the fact that it is the responsibility of the lay person to see that cancer is taken to the physician for diagnosis BEFORE it reaches an advanced stage. Certain facts, which if put into action, will be helpful in bringing cancer of the breast and uterus under control are:

BREAST

The first sign of cancer of the breast is a single, hard lump. It may be only a fraction of an inch in size and neither painful nor sore to touch. When such lumps are encountered, go at once to a competent medical physician. Certain other symptoms include bloody discharge from the nipple, a persistent small sore, or an ulcer. If one breast seems larger than the other or if there is a decided unevenness in their appearance it would be wise to consult a physician.

UTERUS

The chief danger signals here are any unnatural discharge or irregular bleeding. These symptoms do not always mean you have cancer, or course. Such symptoms might indicate, for instance, a comparatively harmless condition known as uterine fibroids. These symptoms do mean, however, that a competent medical physician should be sought at once.

CURABLE

Cancer of the breast is curable in three out of four instances, if treatment is started in time. A popular misconception is that women who nurse their babies are more apt to have cancer of the breast. Apparently, it is just the reverse. Such women are less likely to have cancer of the breast than the spinster.

Four out of five women who develop cancer of the uterus could be saved if treatment were begun in time. Pregnancy definitely predisposes to cancer of the uterus.

PREVENTION

One of the most effective weapons for preventing cancer of the uterus is a pelvic examination *every six months.* Of value in helping prevent cancer of the breast is avoidance of all kinds of continuous irritation such as rough, stiff, restrictive garments that chafe the skin.

Dr. Stebbins Elected Secretary

Dr. A. L. Stebbins, director of the Escambia County Health Unit, has been elected secretary of the Escambia County Medical Society. Dr. Stebbins assumed office March 11. He will fill the unexpired term of Dr. W. E. Tugwell of Pensacola who has entered the service.

Dr. Stebbins recently returned from a month's postgraduate course in obstretrics at the Chicago Lying-In Hospital. He says, "the course is excellent and I highly recommend it for all health officers."

FIVE LEADING CAUSES OF RESIDENT DEATHS BY AGE GROUPS, FLORIDA, 1939.

State Board of Health, Bureau of Vital Statistics, Jacksonville, Florida

EDWARD M. L'ENGLE, *Director*

Cause of Death	Number of Deaths	Percent of All Causes
UNDER 1 YEAR:		
All causes	1,820	100.0
Premature birth	541	29.7
Pneumonia (all forms)	193	10.6
Diarrhea and Enteritis, under 1 year	162	8.9
Injury at birth	146	8.0
Congenital malformations	125	6.9
Other causes	653	35.9
1 - 4 YEARS:		
All causes	458	100.0
Pneumonia (all forms)	88	19.2
Diarrhea and Enteritis (all forms)	59	12.9
Influenza (all forms)	31	6.8
Diphtheria	25	5.5
Automobile accidents	19	4.1
Other causes	236	51.5
5 - 14 YEARS:		
All causes	400	100.0
Automobile accidents	36	9.0
Accidental drowning	34	8.5
Pneumonia (all forms)	28	7.0
Heart Disease (all forms)	19	4.8
Influenza (all forms)	17	4.3
Other causes	266	66.5
15 - 24 YEARS:		
All causes	989	100.0
Tuberculosis (all forms)	149	15.1
Automobile accidents	126	12.7
Homicides	87	8.8
Puerperal state	77	7.8
Pneumonia (all forms)	51	5.2
Other causes	499	50.5
25 - 44 YEARS:		
All causes	3,621	100.0
Heart Disease (all forms)	428	11.8
Tuberculosis (all forms)	415	11.5
Automobile accidents	216	6.0
Homicides	214	5.9
Cancer (all forms)	203	5.6
Other causes	2,145	59.2
45 - 64 YEARS:		
All causes	5,767	100.0
Heart Disease (all forms)	1,404	24.3
Cerebral Hemorrhage	691	12.0
Cancer (all forms)	689	11.9
Nephritis (all forms)	498	8.6
Tuberculosis (all forms)	262	4.5
Other causes	2,223	38.5
65 YEARS AND OVER:		
All causes	7,154	100.0
Heart Disease (all forms)	2,162	30.2
Nephritis (all forms)	890	12.4
Cerebral Hemorrhage	881	12.3
Cancer (all forms)	742	10.4
Pneumonia (all forms)	237	3.3
Other causes	2,242	31.3

TEN LEADING CAUSES OF RESIDENT DEATHS BY COLOR, FLORIDA, 1939.

Rank	Causes	Total	White	Colored
1.	Heart Disease (all forms) (90-95)	4,062	3,081	981
2.	Cerebral Hemorrhage (82-A-B)	1,774	1,092	682
3.	Cancer (all forms) (45-53)	1,656	1,370	286
4.	Nephritis (all forms) (130-132)	1,591	1,070	521
5.	Pneumonia (all forms) (107-109)	1,016	597	419
6.	Tuberculosis (all forms) (23-32)	931	371	560
7.	Automobile accidents (210)	633	457	176
8.	Premature Birth (159)	541	351	190
9.	Influenza (all forms) (11)	514	233	281
10.	Syphilis (34)	447	91	356

Deaths from the above represent 65% of deaths from all causes.

Cancer Facts For *You*

Cancer Is Preventable to a Large Degree.

Avoid chronic irritations—
Have frequent examinations—

Early Cancer is Usually Curable.

Keep watch for the symptoms—
Seek medical diagnosis immediately—

Cancer Can Only Be Diagnosed by Medical Physicians.

Avoid advice of quacks and well-meaning friends—
See your doctor periodically, at least once a year—

Cancer Is Treated Only by (1) Surgery (2) Deep X-ray Therapy or (3) Radium.

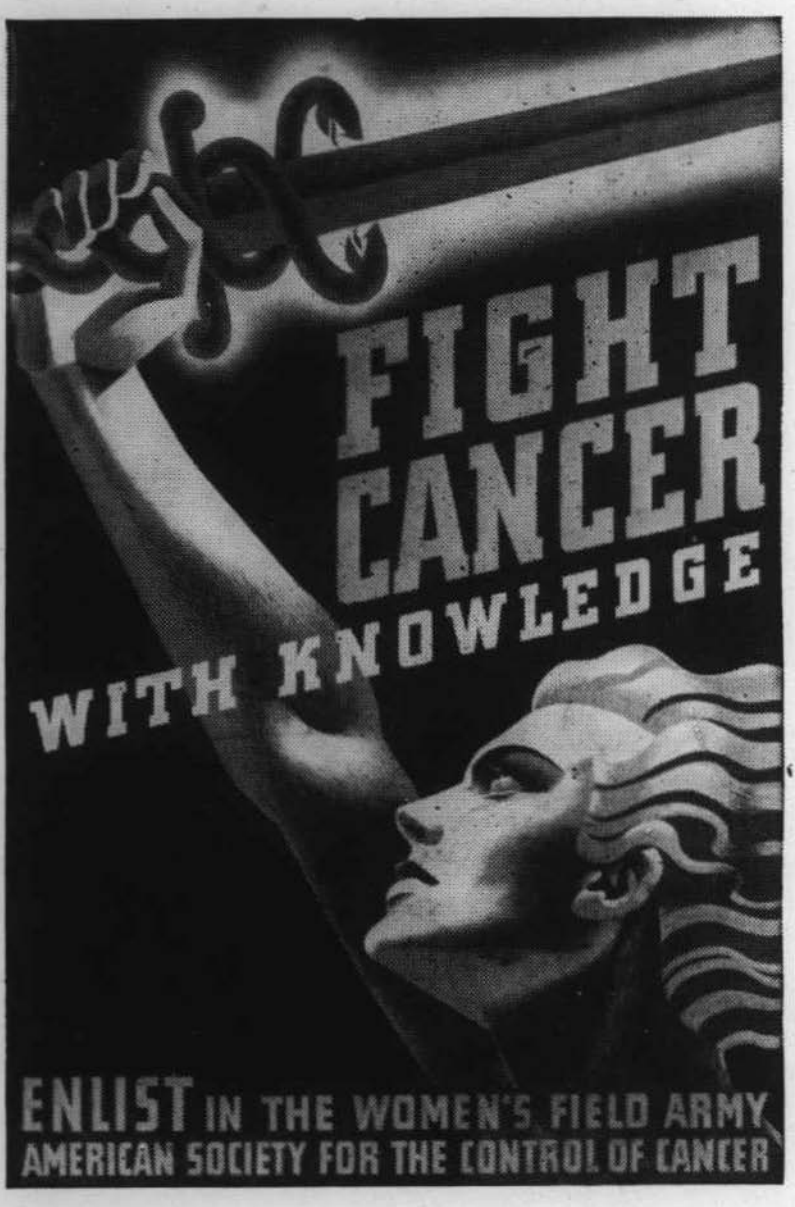
Salves, lotions, baths, sweat boxes or ice boxes do not cure cancer—

Memorize the following cancer danger signals and tell them to your friends, with the admonition that they too should seek a medical physician at once if such symptoms develop.

1. **Any persistent lump or thickening, especially of the breast.**
2. **Any irregular bleeding or discharge from any of the body openings.**
3. **Any sore that does not heal, particularly about the tongue, mouth or lips.**
4. **Persistent indigestion, especially where there have been no previous symptoms.**
5. **Sudden changes in the form or rate of growth of a mole or wart.**

Join

Your Local Society!



FLORIDA

HEALTH NOTES

HEALTH LEGISLATION

"Pure milk is the world's most nearly perfect single food .... Milk not refully produced may be one of our most dangerous foods .... Bacterial unts give an idea of the care exercised in the collection and storage of lk. They tell the approximate number of organisms but not the kind of ganisms present."—J. N. PATTERSON, M. D., Director Laboratories, State ard of Health, and Assistant State Health Officer.

OLUME 33 NO. 5 MAY, 1941

OFFICIAL PUBLICATION

TATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

FLORIDA HEALTH NOTES

ESTABLISHED 1890
JACKSONVILLE, FLORIDA

Official Publication State Board of Health

NUMBER 5 ■ VOLUME 33 ■ MAY ■ 1941

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More State Aid Needed To Meet Demand Of Counties For Local Health Units

State-Wide Public Health Committee Asking Legislature To Restore $[redacted] Item In State Board of Health Budget to Be Earmarked For Counties—Amount Considered Minimum Necessary $150,000

The Florida State Board of Health is asking the 1941 Legislature for $150,000 as an ear-marked fund for state aid to County Health Units instead of the $50,000 now allotted. The item was cut by the State Budget Commission to $100,000 but the State-Wide Public Health Committtee is asking the Appropriation Committees of both the House and Senate to restore the full amount requested by the State Board of Health.

In addressing members of the Appropriation Committees, Mrs. Malcolm McClellan, Legislative Chairman for the State-Wide Public Health Committee, said "The estimate made by the State Board of Health is extremely conservative in the light of the defense emergency which has developed since their proposed budget was drawn up.

"Certainly, the health of the public is a fundamental concern in times of war. It is especially important in modern warfare when civilians are as much or more endangered by combat maneuvers than the military forces themselves. Furthermore, it has been proved that in time of war, disease frequently causes more deaths than bullets.

"Believing County Health Units to be the foundation of efficient public health administration, the State-wide Public Health Committee began two years ago to enlist local support for such Units. The result has been a greater demand for Health Units than the State Board of Health has been able to fill, and the program of public campaigns for Health Units had to be discontinued temporarily about a year ago.

"Seventeen counties were operating Health Units at the time the 1939 Legislature appropriated $50,000 as state aid to counties. Today, 24 counties are being assisted with that same amount of money. Four other counties, namely Okaloosa, Walton, Flagler, and Okeechobee, voted their local funds more than six months ago, and yet they do not have a Health Unit because the State Board of Health allotment was depleted in the expansion from 17 to 24 Units.

"Many other counties would establish Health Units if the State Board of Health were in a position to fulfill its part of the bargain." The total amount of budget expenditures for maintenance of County Health Units at the present time is given below, broken down for sake of comparison into Federal, State and Local sources of revenue:

LOCAL		
Counties	$160,000	
Cities	25,000	$185,000
STATE		
Earmarked Fund	50,000	
State Venereal Disease Fund	28,000	78,000
FEDERAL		
U. S. Public Health Service Title VI	62,000	
U. S. Venereal Disease	50,000	
U. S. Children's Bureau	70,000	182,000
		$445,000

Hogs Have Their Rights But So Do Humans, Says Editor*

Importance Of Controlling Cattle Diseases Acknowledged . . . Florida Citizens Also Deserve Protection From Disease According to Newspaper Editorial

Political orators, labor agitators, sociologists and others have made familiar to us the battle of human rights against property rights, the right of man to make a living wage as against the right of property owners to profits regardless of the social and economic conditions of their workers.

But we have not heard much of the rights of hogs and cattle as compared with the rights of human beings to health, happiness and economic well being. However, it would appear that we should hear more of it and perhaps we are destined to do so in the weeks of the Legislature.

This battle is brewing as a result of the slash by the state budget commission of one-third in the amount asked by the State Board of Health for financing County Health Units, the foundation of the public health system in the state, whereas the commission gave its aprpoval to the full legal limit of funds requested by the State Livestock Sanitary Board for its activities in behalf of the health of animals.

We fully realize the value of controlling hog cholera, tuberculosis in cattle and poultry diseases and in eradicating ticks and controlling Bang's disease. We recognize that these measures have had a great deal to do with establishing Florida as one of the leading livestock states and with putting Florida beef on a par with or ahead of western meats.

But it is more important to save our hogs from cholera than our children from hookworm, or our cattle from ticks than our farmers from malaria-breeding mosquitoes?

*Reprint in full, editorial appearing in Pensacola News-Journal, April 13, 1941.

The Board of Health asked $150,000 for aid in establishing county health units — prime necessities through which measures for controlling diseases in our citizens can be administered. The sum was reduced to $100,000. The livestock sanitary board asked for $200,000 for its work and it was recommended.

The money may be needed by the livestock board and doubtless is, but it is a sad commentary on our political system which gives more for control of animal ailments than for human health. True it is that the State Board of Health, for all of its activities, gets considerably more than the total for livestock, but without County Health Units, in which respect this state is far behind its sister states of Alabama and Georgia, the other activities of the health board count for little. The survey of the American Public Health Association put organization of County Health Units as the first health need of Florida. Upon such units is erected the whole state health structure.

The State-Wide Public Health committee, composed of thousands of laymen and professional men, has made establishment of these units its main objective. It brought in seven counties last year. Two in Northwest Florida —Okaloosa and Walton, have been ready with their share of the money for many months, but the state has lacked matching funds. Many other counties are waiting. If the state falls down, they will become discouraged and health measures will continue to be lacking where so sorely needed.

If state officeholders think it better to cater to farmers than to health officials in distribution of funds they soon will find out that the people generally have been so well educated to the fundamentals of public health in the last few years that rural as well as urban dwellers will demand human health be put ahead of hog cholera.

Our rural population knows that it must rid itself of hookworm, of malaria, of typhoid, of tuberculosis and other preventable diseases if it is to be able to cultivate its fields and grow feed for livestock and food for families.

Pre-Natal And Silver Nitrate Bills Going Before Legislature

The health of Florida's mothers and babies is being brought to the attention of the current Legislature in two bills, one designed to prevent blindness from gonorrhea, the other seeking to reduce congenital syphilis. Both bills have the approval of the Florida Medical Association, the Florida State Board of Health, and the endorsement of the Florida Congress of Parents and Teachers, the Florida Federation of Women's Clubs and the State-Wide Public Health Committee.

Prevention of blindness in newborn infants will be sought by the

application of silver nitrate drops or an equally effective prophylactic within one hour after birth. This treatment is used to combat the germ of gonorrhea which so often causes blindness. The bill effects both physicians and midwives.

Florida's rate of blindness is reported by the State Welfare Board to be second highest in the nation. It is thought that the absence of a law requiring application of silver nitrate drops in babies' eyes at birth may be largely responsible for this unfortunate rate. Most states have such legislation.

Congenital syphilis is the term used to indicate passage of syphilis from a diseased mother to an unborn child. The proposed prenatal bill seeks to combat congenital syphilis by requiring an examination for syphilis on every expectant mother who presents herself to a physician or midwife. In cases coming to midwives, the midwife will be required to see that a blood test is made of her patient by a licensed medical doctor.

"Although there are no exact figures available, it is estimated that about one or two percent of expectant white women have syphilis at the time of their pregnancy," according to Dr. William H. Ball, director Bureau of Maternal and Child Health, Florida State Board of Health. "The percentage of colored women is considerably higher.

"During 1940, some 600 children are known to have been treated for congenital syphilis. This could have been prevented by adequate pre-natal care," says Dr. Ball.

If the bill is passed by the 1941 Florida Legislature, physicians and public health officials look forward to a greatly reduced incidence of congenital syphilis. An expectant mother suffering from syphilis is not likely to transmit the disease to her unborn baby if she begins treatment by the fifth month of pregnancy and continues as long as her physician directs.

Dr. Pickett Honored

Dr. William H. Pickett, State Health Officer, has been appointed a member of two national committees, the Committee on Disaster Relief of the State and Provincial Health Officers of America and the Committee on Social Security Program of the State and Territorial Health Officers. Dr. Pickett went to Washington April 29 to attend a meeting of the latter organization.

Dr. Arthur E. McClue, Commissioner of Health for the State of West Virginia is Chairman of the Disaster Relief Committee and Dr. Bertram P. Brown, Los Angeles, Vice Chairman. Other members are Dr. T. F. Ambercrombie; C. W. Cox, Knud Knud-Hansen; C. W. Mac-Millian, G. F. Mathews and W. C. Williams. Consultants include Dr. Thomas Parran, Surgeon General, U. S. Public Health Service; Dr. William DeKleine, Medical Assistant to Vice Chairman, American Red Cross; Dr. Thomas R. Crowder, director, division of Sanitation and Surgery, Pullman Company; Dr. William P. Shepard, Metropolitan Life Insurance Company.

Milk May Contain Bacteria Both Disease Producing And Non-Disease Producing

J. N. PATTERSON, M.S., M.D.
Director, Bureau of Laboratories
and Assistant State Health Officer

Bacterial Count Indicates Care Exercised In Handling Milk But Not Kind Of Organism Present . . . Pastuerization Most Successful Means Of Preventing Milk-Borne Diseases

Pure milk is the world's most nearly perfect single food. That statement has been repeated so often it is now considered trite, but nonetheless it is still very true.

No natural food, other than milk contains such a wealth of well balanced nutritional constituents. A few of the most important of these are casein, other proteins, fats, sugars, calcium and phosphorus.

Milk, according to the best authorities, is the most important single source of vitamin A in American and European diets. Vitamins B_1 and B_2 (G) are also present in relatively large amounts although the vitamins C and D, while worthy of note, do not occur in concentratrations adequate enough to fill dietary requirements. Therefore, the diet of infants must be supplemented by orange or tomato juice to supply vitamin C. The vitamin D deficiency can be corrected by using milk fortified by additional vitamin D by one of the several recognized processes available, or a vitamin D product may be included directly in the diet. Milk is low in iron.

Milk, of course, is especially adapted by nature for the young individual of a species. It supports and promotes the growth of animals and man. Co-incidentally it also supports the growth of a great variety of microorganisms. Because of this, *milk not carefully produced may be one of our most dangerous foods.* One of the most important functions of a County Health Unit is to see to it that safe milk is available.

Milk as secreted in the mammary gland of the healthy cow is sterile but in the milk ducts there are always some baceteria which are washed out when the milk is expressed. However, milk obtained in the most sanitary manner may contain as few as 200 - 400 bacteria per cc. When milking is done without any effort at cleanliness, millions of bacteria get into the milk from the dirty flanks and udders of the cows, from the unwashed hands of the milker and from unsterilized milk pails.

Freshly drawn milk, then, is never sterile and unless great care is taken during the milking process millions of additional bacteria will enter the milk and multiply. The number of bacteria in a sample of milk at any subsequent time depends upon (1) the number of organisms introduced during the

milking process and (2) the length of time and the temperature at which the milk has been kept. If milk is cooled immediately after it is drawn and kept continuously cold there will be only a gradual increase in the number of bacteria. Otherwise there will be an enormous increase. The quality of milk is lowered by changes produced through the action of excessive numbers of bacteria.

Fortunately *the great majority of bacteria that get into milk are non-disease* producing organisms and frequently milk having a very high bacterial count may be consumed by adults without appreciable harm. However, such milk is dangerous for infants even though no pathogenic organisms are present for the non-pathogenic bacteria can so change the quality of milk that it may cause severe diarrhea. This is apt to occur particularly in the hot summer months when temperatures are favorable to the rapid multiplication of the bacteria in the milk.

The greatest *danger in insanitary methods of handling milk lies in the opportunities afforded for its contamination with disease germs.* These germs may originate from an infected cow, from an infected person or a convalescent or a healthy "carrier" engaged in milking or subsequent handling of milk. The two most common diseases of animals transmitted to man by milk are tuberculosis and undulant fever or brucellosis. These two diseases can be recognized in cows by appropriate tests and positive animal reactors to these tests should be eliminated from dairy herds. *The human diseases most frequently milk-borne are infections of the intestional tract such as typhoid fever, the paratyphoid fevers, the food poisonings and intoxications and the dysenteries as well as those diseases of the upper respiratory tract such as septic sore throat, scarlet fever, and diphtheria.* Human disease germs may be introduced into milk by coughing or from the hands of the milkers or other persons engaged in its production or distribution, or through the use of unsterilized milking utensils.

The following requisites are necessary for the production of good milk: (1) healthy milk cows, (2) cleanliness and proper sanitary facilities at the dairy, (3) healthy milkers trained to habits of cleanliness and (4) provisions for prompt cooling of the milk and continuous refrigeration. To ensure a satisfactory milk supply and to provide safe milk it is necessary to add two other requisites; namely, (5) regular sanitary inspections, by trained personnel, of dairies, pasteurization plants and other properties where milk is handled and (6) proper pasteurization. It is easy to see how difficult it is to fulfill all these requirements without a slip-up. Therefore *raw milk can never be considered safe* as it may be contaminated from animal or human sources in its journey from the cow to the consumer.

Cows may become diseased without their condition being evident. They may have bovine tuberculosis, brucellosis (Bang's disease), or mastitis (inflammation of the mammary gland), etc., and the causative organisms of these diseases may be transmitted to milk either through intestinal discharges or directly through the mammary gland. There may be slip-ups in technic in the milking process or subsequent handling. Milkers and milk handlers may be unrecognized disease carriers and

they, like all humans, are subject to colds, sore throats, etc., which may be transmitted through milk —that is, unless the milk is properly pasteurized, bottled under sterile conditions and properly refrigerated until consumed.

Proper pasteurization destroys all pathogenic organisms and filtrable viruses and 90 percent of all the non-pathogenic organisms present. Pasteurized milk is not boiled milk but milk heated to and held at a temperature of 143° F. for 30 minutes. In the laboratory we have a test so sensitive it will reveal to us that during pasteurization the temperature of the milk dropped a degree or so or that it was not held for the full 30 minutes. *Pasteurization of the milk supply of a community has been found to be the most successful means for the prevention of milk-borne diseases.* Pasteurization does not destroy the nutritive value of milk but, on the contrary, increases the quality of the milk by markedly decreasing the number of bacteria and thus delaying the chemical changes. Pasteurized milk sours much slower than milk not pasteurized.

Bacterial counts give us an idea of the care exercised in the collection and storage of milk. They tell us the approximate number of organisms but *not the kind of organisms present.* In other words, this procedure gives no idea as to whether or not the bacteria are disease producing or non-disease producing. However, even though milk is to be subjected to pasteurization, it should reach the pasteurizing plant in the best possible condition so as to prevent changes in the quality of the milk. This means that it must fulfill the conditions outlined above. *Milk products as well as milk should be properly pasteurized.*

In summarizing, it can be said from the public health standpoint, that the standard for the bacterial quality of milk should be (1) the absolute exclusion of pathogenic organisms and (2) low bacterial counts. This goal can be attained only by strict observance of the 5 requisites outlined above for the production of good milk. Add to this ideal, the additional requisite (6) of proper pasteurization of all milk, and we assure ourselves that the most nearly perfect food will always be safe and wholesome.

Convictions By Narcotics Bureau

C. C. Driver of Borgia, Escambia County, who had been giving medical treatment for 30 years, pleaded guilty on two counts March 22 on the charge of practicing medicine without a license. The conviction followed investigation and prosecution by the Bureau of Narcotics, State Board of Health, M. H. Doss, director.

Judge Pope Reese of the Criminal Court of Records fined the defendent $50 on each of the two counts, plus court costs. Judge L. L. Fabisinski issued a restraining order February 22 enjoining Mr. Diver from the practice of medicine. Mr. Diver had prescribed drugs but he was not registered with the Bureau of Narcotics as a medical doctor and had no license to practice medicine.

Other persons convicted this year of violating the Narcotic law are A. M. Johnson, John J. Kirby, Clyde Cole Yeargan, George F. Howell, Arthur Norman Belanger, Harry C. Logan, all white, and George Jones, colored.

White House Conferences So Successful That Counties Plan Similar Programs

Expect To "Stagger" Schedule Of County Meetings According To Districts Set Up For Nine Regional Conferences . . . Duval Region Will Inaugurate Series

So successful were the nine regional White House conferences held at Pensacola, Tallahassee, Gainesville, Jacksonville, Orlando, Daytona Beach, Miami and Tampa that the Committee for Florida has decided to carry the movement into the counties. The decision was given a unanimous vote at an executive meeting held in Tampa during the 1941 State Conference of Social Work.

Tentative plans are to "stagger" the schedule by districts, holding the county meetings in each district on contiguous dates, but omitting the headquarters county of the district because it was in these counties that the recent regional meetings were held. It is thought advisable to complete the circuit during the next two months, which would bring the program to a culmination before the end of the current school year. Members of the state executive committee will assist where invited to do so.

As evidence of good faith the Jacksonville region, site of state headquarters for the conferences, will inaugurate the county program. Counties in this region are Baker, Clay, Nassau and St. Johns.

Regional chairmen and executive secretaries in charge of local arrangements are the same as those who planned the regional conferences: Jacksonville, J. B. Wand, Chairman, Dodd Pace, executive secretary; Pensacola, F. M. Blount, chairman, Miss Bernice McCollum, executive secretary; Tallahassee, Mrs. John G. Kellum, chairman, Miss Anna May Tracy, executive secretary; Gainesville, Joe C. Jenkins, chairman, Miss Sally Eastwood, executive secretary; Orlando, Mrs. L. H. Gibbs, chairman, Mrs. Margaret W. Lawrence, executive secretary; Daytona Beach, J. W. Gardiner, chairman, Miss Anne Pridmore, executive secretary; West Palm Beach, Dr. Carl N. Herman, chairman, Loris Bristol, executive secretary; Miami, Mrs. Walter H. Beckman, chairman, Miss Minna Robertson, executive secretary; Tampa, Mrs. George T. Shannon, chairman, Miss Marion Mickler, executive secretary.

Florida Sewage Works Association Formed

An association known as the Florida Sewage Works Association composed of sewage plant operators, engineers and others interested in sewage treatment has been formed. David B. Lee, director of the Bureau of Sanitary Engineering, State Board of Health, was elected president at the organization meeting held at the recent University of Florida Short Course in Water and Sewage Treatment.

Mr. Lee says that preliminary plans for an association of this nature had been discussed at the annual short courses for many years. He says further that those attending the short course herald the final acceptance of the proposed constitution and by-laws as a distinct forward step in sewage treatment in Florida.

Other officers elected to serve during the first year are: Leland Drew, Clearwater, vice president; S. W. Wells, Senior Chemist, Bureau of Laboratories, State Board of Health, Jacksonville, secretary-treasurer.

Since Mr. Lee came to the State Board of Health staff the latter part of last year from Escambia County, he has been appointed to several important engineering committees. The most recent of these is the Committee on Sewage and Sanitation of the Florida Engineering Society. Alexander Blair, president of that society, has just informed Mr. Lee of his appointment.

Major object of the newly organized Florida Sewage Works Association is "the advancement of fundamental and practical knowledge concerning the nature, collection, treatment and disposal of sewage and industrial wastes."

Leon Unit Emphasizes Tuberculosis

Special emphasis was placed on tuberculosis by the Leon County Health Unit during the month of March. The program included talks, news releases, motion pictures, distribution of literature, home visits by the public health nurses. Cooperating were the Leon County Medical Society, the P.T.A., service clubs, local Tuberculosis Association, Leon County Public Health Committee and others.

The mobile x-ray unit of the State Board of Health made x-rays in excess of 3,500 persons. Through the Jeans workers, both the educational and x-ray program reached into every colored school in the county.

Tuberculosis control was by no means all that was done by the health department during the month, however. Other functions included typhoid immunization, blood tests and treatment for syphilis, maternal, infant and preschool conferences, dental corrections, malaria control, sanitation.

"It would not have been possible," states the Leon County Report, "for the health department with its limited personnel to have carried on all of these activities had it not been for many public spirited citizens who volunteered their assistance. With the splendid cooperation of the physicians, dentists and numerous individuals, we feel that March stands out as a 'high light' in the history of the Leon County Health Department."

May Day More A Challenge Than An Anniversary, Says Children's Bureau Chief

KATHERINE F. LENROOT
Chief, Children's Bureau
U. S. Department of Labor

Great Strides Reported For Past 25 Years But Inadequacy Of Program Has Been Forcibly Brought To Light By American Youth Commission and Selective Service Draft

It is exactly 25 years—a quarter of a century—since the first Nation-wide Baby Week was promoted by the Children's Bureau and the General Federation of Women's Clubs with the endorsement of the President, governors, and mayors. And it was in her annual report of that year that Julia C. Lathrop, then Chief of the Children's Bureau, suggested that May Day "might well be chosen . . . as a day which should be not only a festival but also year by year a celebration of some increase in the common store of practical wisdom with which the young life of the Nation is guarded by each community."

This year 1941 is more than an anniversary. It is a year of vital importance in the national life of the United States for it finds our people engaged in a gigantic effort for defense of our Democracy and aid to the free peoples of the world.

The White House Conference on Children in a Democracy for instance, outlined the responsibility of the public for maternal and child health.

Had we nearly approached these goals at the beginning of the defense period, all that would now be necessary would be to consider such shifts of maternal and child-health personnel as would be necessary to accompany shifts in population, and to attempt to work out policies by which essential personnel would be retained for services to mothers and children. But we are far from having achieved such a state in the development of maternal and child-health work.

In 1939 over 220,000 mothers gave birth to their babies with no physician in attendance. Four-fifths of the births in cities, but only one-fifth of the births in rural areas occurred in hospitals.

Nearly one-third of the counties of the United States are still without any county-wide provision for maternal and child-health services, even the services of a public health nurse. Child-health conferences for infants and preschool children under State health department supervision are available in only one-fourth of the counties.

School medical examinations or inspections are provided in most large cities and many smaller cities, and in about one-third of the counties under the maternal and child-health provisions of the Social Security Act. The inadequacies of such school health ser-

vice and its limitation for the most part to examinations or frequently to the most routine inspections, with little or no provision for correction of remediable defects, has been a matter of grave concern to the American Academy of Pediatrics, the American Youth Commission, and other agencies.

The results of neglect of child health are seen in the poor physical condition of many youth, as pointed out in reports of the American Youth Commission, which believes that major efforts to promote health should be made during the school age.

The results are seen also in the large proportion of men drafted for selective service who are rejected on physical examination. The Selective Service System of the War Department reports that more than 40 percent of the men examined for selective service have been found physically or mentally unfit for general military service. Defective teeth led in the causes for rejection.

A plan for promoting the health of the Nation's children was recognized as an essential part of the national defense program in World War I. The second year of the War was designated by President Wilson as Children's Year. Through the co-operation of 11,000,000 women organized under the leadership of the Women's Committee of the Council of National Defense, and the Children's Bureau, Nationwide child-health activities were carried on, the chief feature being the weighing and measuring of millions of children. These activities laid the foundation for the advances in maternal and child-health of the post-War decade.

The slogan of the 1917 period, "The Health of the Child is the Power of the Nation," is of even greater significance today and should be our guide as we plan to make May Day—Child Health Day 1941 the point of departure for a program which, however great the sacrifices it may entail, will insure the safety and well-being of all our children.

From A County Health Officer's Notebook

1. *Live moderately.*

Keep your food intake within the needs of the body to perform the work required of it and within a few points of the normal weight for your age and height. Select a diet providing a well balanced proportion of essential elements.

If you are underweight or overweight consult your physician. Avoid fads and patent medicines. Avoid excesses, be moderate in your habits.

2. *Do Not Neglect Nature's Warnings*

Consult your physician immediately regarding any symptom which persists more than a few days, such as pain, headache, cough, swelling, ulcer, fever, abnormal discharge or other deviation from your normal well-being. Remember, neglect of a minor symptom may mean the development of incurable disease. Follow your physician's instructions implicitly.

3. *Form a habit of having a careful physical examination on your birthday*

Your physician may discover an abnormality which you do not suspect. You will derive much satisfaction if you are found to be normal. Periodic physical examination is the cheapest and surest health insurance available.

—Lake County Health Unit News, March 1941.

PUERPERAL DEATHS AND DEATH RATES PER 1,000 LIVE BIRTHS REPORTED, BY COLOR AND BY COUNTIES, FLORIDA, 1939

Bureau of Vital Statistics—State Board of Health
Edward M. L'Engle, M. D., Director

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	209	6.5	127	5.6	82	8.5
Alachua	11	13.5	3	6.7	8	21.8
Baker	0	.....	0	.....	0	.....
Bay	4	8.0	1	2.4	3	39.0
Bradford	1	4.5	0	.....	1	19.2
Brevard	0	.....	0	.....	0	.....
Broward	3	4.7	2	6.1	1	3.2
Calhoun	0	.....	0	.....	0	.....
Charlotte	0	.....	0	.....	0	.....
Citrus	0	.....	0	.....	0	.....
Clay	0	.....	0	.....	0	.....
Collier	0	0	0	.....	0	.....
Columbia	4	12.3	3	14.8	1	8 3
Dade	16	4.4	12	4.2	4	4.8
DeSoto	1	6.4	1	8.2	0	.....
Dixie	0	.....	0	.....	0	.....
Duval	27	7.8	12	5.1	15	13.8
Escambia	9	6.4	7	6.2	2	7.2
Flagler	0	.....	0	.....	0	.....
Franklin	2	14.0	0	.....	2	41.7
Gadsden (Ex.)	3	5.5	0	.....	3	8.4
State Hopital	0	.....	0	.....	0	.....
Gilchrist	4	37.7	3	33.7	1	58 8
Glades	0	.....	0	.....	0	.....
Gulf	1	8.1	1	11.6	0	.....
Hamilton	1	3.7	1	7.0	0	.....
Hardee	2	9.6	2	10.0	0	.....
Hendry	1	13.9	0	.....	1	52.6
Hernando	1	8.1	0	.....	1	23.3
Highlands	2	9.4	1	6.4	1	18.2
Hillsboro	20	7.0	16	6.9	4	7.3
Holmes	1	2.9	1	3.1	0	.....
Indian River	2	13.5	1	10.8	1	18.2
Jackson	3	3.3	2	3.6	1	2.7
Jefferson	6	21.7	1	15.4	5	23.6
Lafayette	0	.....	0	.....	0	.....
Lake	5	9.2	5	13.0	0	.....
Lee	2	5.1	2	6.0	0	.....
Leon	2	3.5	1	4.4	1	3.0
Levy	2	7.4	2	11.0	0	.....
Liberty	0	.....	0	.....	0	.....
Madison	0	.....	0	.....	0	.....
Manatee	5	12.4	3	10.8	2	16.0
Marion	4	6.5	2	6.4	2	6.6
Martin	0	.....	0	.....	0	.....
Monroe	3	13.1	2	11.1	1	20.4
Nassau	0	.....	0	.....	0	.....
Okaloosa	2	7.0	2	7.8	0	.....
Okeechobee	0	.....	0	.....	0	.....
Orange	7	6.7	6	7.7	1	3.7
Osceola	0	.....	0	.....	0	.....
Palm Beach	11	10.2	6	9.3	5	11.7
Pasco	3	12.9	2	10.4	1	24.4
Pinellas	4	3.7	2	2.4	2	8.0
Polk	14	8.5	9	6.9	5	14.0
Putnam	4	12.0	2	10.8	2	13.7
St. Johns	1	2.8	0	.....	1	6.7
St. Lucie	0	.....	0	.....	0	.....
Santa Rosa	2	5.4	2	6.3	0	.....
Sarasota	1	4.4	0	.....	1	18.2
Seminole	1	2.6	0	.....	1	4.7
Sumter	1	4.9	1	7.2	0	.....
Suwannee	1	2.5	1	3.8	0	.....
Taylor	0	.....	0	.....	0	.....
Union	1	10.5	1	12.3	0	.....
Volusia	5	7.3	4	8.8	1	4 3
Wakulla	0	.....	0	.....	0	.....
Walton	2	7.4	2	8.5	0	.....
Washington	1	3.9	0	.....	1	17.5

INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1939

Bureau of Vital Statistics — State Board of Health
Edward M. L'Engle, M. D., Director

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	1,821	56.3	1,041	45.9	780	80.8
Alachua	59	72.5	29	64.9	30	81.7
Baker	4	25.6	3	25.4	1	26.3
Bay	29	58.1	22	52.1	7	90.9
Bradford	16	71.4	15	87.2	1	19.2
Brevard	12	47.6	5	35.7	7	62.5
Broward	41	64.6	12	36.8	29	93.9
Calhoun	12	51.9	9	43.9	3	115.4
Charlotte	0	.....	0	.....	0	.....
Citrus	8	69.0	4	53.3	4	97.6
Clay	1	11.4	0	.....	1	38.5
Collier	0	.....	0	.....	0	.....
Columbia	20	61.7	15	73.9	5	41.3
Dade	201	54.7	120	42.2	81	97.4
DeSoto	13	83.3	9	73.8	4	117.6
Dixie	7	46.4	6	60.6	1	19.2
Duval	193	55.9	115	48.6	78	71.6
Escambia	96	67.9	70	61.7	26	93.5
Flagler	3	60.0	2	95.2	1	34.5
Franklin	6	42.0	2	21.1	4	83.3
Gadsden (Ex.)	40	73.5	10	53.8	30	83.8
State Hospital	0	.....	0	.....	0	.....
Gilchrist	9	84.9	7	78.7	2	117.6
Glades	1	25.6	0	.....	1	71.4
Gulf	7	56.5	5	58.1	2	52.6
Hamilton	19	69.6	8	56.3	11	84.0
Hardee	9	43.3	9	44.8	0	.....
Hendry	4	55.6	3	56.6	1	52.6
Hernando	8	64.5	5	61.7	3	69.8
Highlands	15	70.8	10	63.7	5	90.9
Hillsboro	149	51.9	100	43.0	49	89.4
Holmes	11	32.3	10	31.0	1	55.6
Indian River	5	33.8	2	21.5	3	54.5
Jackson	39	42.6	24	43.5	15	41.2
Jefferson	21	75.8	2	30.8	19	89.6
Lafayette	2	19.6	1	10.6	1	125.0
Lake	30	54.9	13	33.7	17	106.3
Lee	17	43.5	13	39.0	4	69.0
Leon	32	56.4	10	43.7	22	65.1
Levy	18	66.2	12	66.3	6	65.9
Liberty	9	104.7	5	89.3	4	133.3
Madison	10	27.1	3	16.4	7	37.6
Manatee	14	34.7	5	18.0	9	72.0
Marion	40	65.0	16	51.0	24	79.7
Martin	4	48.2	1	20.8	3	85.7
Monroe	11	48.0	5	27.8	6	122.4
Nassau	10	59.5	4	38.1	6	95.2
Okaloosa	14	49.1	11	43.1	3	100.0
Okeechobee	1	17.9	0	.....	1	125.0
Orange	53	50.7	31	40.0	22	81.5
Osceola	8	54.4	7	58.3	1	37.0
Palm Beach	77	71.7	32	49.6	45	104.9
Pasco	10	42.9	9	46.9	1	24.4
Pinellas	44	40.9	34	41.2	10	40.0
Polk	86	52.0	56	43.1	30	84.0
Putnam	24	72.3	15	80.6	9	61.6
St. Johns	29	80.3	10	47.2	19	127.5
St. Lucie	13	59.4	6	42.6	7	78.7
Santa Rosa	22	59.9	19	59.7	3	61.2
Sarasota	7	31.1	4	23.5	3	54.5
Seminole	26	68.2	7	41.4	19	89.6
Sumter	18	88.7	9	64.7	9	140.6
Suwannee	26	64.4	14	53.2	12	85.1
Taylor	17	70.8	7	38.0	10	178.6
Union	9	94.7	6	74.1	3	214.3
Volusia	40	58.1	16	35.2	24	102.6
Wakulla	7	58.3	3	46.9	4	71.4
Walton	21	77.5	12	51.1	9	250.0
Washington	14	54.1	12	59.4	2	35.1

Early

Tuberculosis Wanted!

Tuberculosis is curable, inexpensively and quickly, IF it is diagnosed and properly treated EARLY in its course.

Of every THREE persons in the early stages of tuberculosis, only ONE will have any NOTICEABLE signs or symptoms.

The only CERTAIN way of discovering tuberculosis is by means of an x-ray or careful examination by fluoroscope.

X-ray or fluoroscopic examinations should be supplemented by a physical examination.

Tuberculin tests in adults are only the first step toward diagnosis.

Positive tuberculin tests in infants show that someone, usually an adult, with whom the child comes in contact, probably has an open case of adult tuberculosis.

EARLY tuberculosis is WANTED, because it can be cured.

FLORIDA

HEALTH NOTES

THE RECENT TYPHOID OUTBREAK

"The physician has an important relationship to the community. It is his duty to give advice concerning public health matters. He should assist in the enforcement of laws of public health and should be ready to counsel the public on public hygiene and legal medicine."
—WALTER C. JONES, JR., M.D., President Florida Medical Association.

VOLUME 33 NO. 6 JUNE, 1941

OFFICIAL PUBLICATION

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FLORIDA HEALTH NOTES

ESTABLISHED 1890
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Table of Contents

Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Most Cases In Recent Typhoid Outbreak Traced To Oysters Taken From Unapproved Beds

J. N. PATTERSON, M.S., M.D., Assistant
State Health Officer and
Director of Bureau of Laboratories

Suggestion made to Physicians for Expediting Work of Laboratory Tests Used As Aid in Diagnosis . . . Disease May Be Contracted From Contaminated Water, Milk, Food or by Direct Contact with Sick Person or Unsuspected Carrier

During the past two months many cases of typhoid fever have been diagnosed and confirmed through the work of the laboratories of the State Board of Health. Epidemiological investigations and report of laboratory procedures have proved in many cases that the source of infection was the oyster. Most of these oysters were of the "bootleg" variety — taken from beds not approved by the State Board of Health. In one instance the source of infection was milk. Because of the increase in the number of cases of typhoid fever, we are again calling to the attention of Florida physicians the services of the Bureau of Laboratories which will aid in the diagnosis of individual infections or the detection of carriers.

Typhoid fever is produced by the *Bacillus typhosus* (*Eberthella typhosa*). Although the most striking lesions of this disease are in the intestine, it is at the same time a wide-spread, general infection.

The source of fresh infection is always human, either a patient suffering from the disease or a healthy carrier. The infection may be conveyed by infected water, milk or food or by direct contact. Epidemics can usually be traced to either water or milk infections. Food and milk may be infected by contaminated fingers of a carrier or of a nurse who is caring for a typhoid patient. Water infection is usually due to sewage contamination. Flies may convey the infection from uncovered excreta to uncovered food.

One of the chief sources of danger is the chronic carrier or a patient who has recovered from the disease. Such a person may continue to harbor the organisms for years in his body and to excrete them in the stools and sometimes in the urine. A carrier is dangerous when his occupation entails the handling of food or milk or when the excreta are not properly disposed of as in camp life or in the field.

Typhoid organisms enter the body in food or drink and invade the lymphoid tissue of the small intestine. From there the organisms pass to the lymph nodes draining that portion of the bowel. In these lymph nodes the organisms multiply until the end of the

period of incubation (the interval from the entrance of the organisms into the body until symptoms appear) — which is usually 10-14 days. Then they pass up through the thoracic duct and in large numbers enter the blood stream and are distributed by this route to all parts of the body. The organisms can be cultivated from the blood stream during the first week of the disease.

The organisms circulating in the blood are deposited in various tissues, particularly affecting the blood forming system and the lymphoid structures. The involvment of the lymphoid tissues (Peyer's patches) of the small intestines is the characteristic lesion of the disease. During this period of circulation of the organisms the gall bladder is usually infected and the organisms are carried in the bile to the intestinal tract and are excreted in the feces. The typhoid bacilli are found in the stool from the third week until the termination of the disease. However, approximately 8% of patients become carriers and continue to excrete the organisms in the feces more than a year after recovery from the disease. These organisms usually have their origin in the gall bladder.

During the stage of the disease in which the organisms are circulating in the blood stream, small foci of infection are set up in one or both kidneys in approximately 25% of the cases. When the kidneys are involved, the bacteria are excreted in the urine, usually from the third week on till the end of the disease. A few of these cases become urinary carriers. It is because of this that we request, when searching for carriers, that samples of both the feces and urine be submitted in the same specimen container.

The laboratory tests of most value in the diagnosis of typhoid fever are chronologically given below:

1. **Blood culture** — This test is usually positive during the first week of the disease. It is because of this that the State Board of Health central laboratory routinely cultures all blood clots on specimens submitted for agglutination tests. In the Miami and Tampa branch laboratories, this procedure is carried out on request. It is hoped that this procedure can be made routine in all our branch laboratories within the next two or three months. Blood may be submitted as for the Widal test.

2. **Widal reaction**—This may be positive by the end of the first week but usually not until the end of the second week. Our antigens are prepared in the central laboratory from cultures of organisms obtained from the National Institute of Health. Negative and positive controls are run daily. Blood is submitted in an agglutination specimen outfit or in a Keidel tube.

3. **Stool and urine cultures**—Usually not positive until about the third week of the disease. Specimens are submitted in typhoid stool culture specimen outfits containing bile. Full directions are furnished with each outfit.

Interpretation—Laboratory Tests: *Blood Culture* — A positive blood culture is practically diagnostic of the disease. Rarely in a carrier state and still rarer in an individual caring for a typhoid patient will a positive blood culture be obtained.

Widal — The Widal reaction, like all agglutination tests, must be interpreted with the greatest of care. The interpretation on the back of our agglutination report form should be studied by the physician. We report our agglutination tests by titre—which means that the blood of that individual agglutinated (caused clumping of) the organisms when diluted to the extent of the figure given in our report. Stated differently, a titre of 1/20 means that 1 part of blood was diluted with 19 parts of physiological salt solution and still produced agglutination of the organisms. A titre of 1/20 or 1/40, according to our interpretation, has no significance and should be considered as neither ruling out nor substantiating the diagnosis of a suspected disease. It must be remembered that in vaccinated individuals there may be a rise in the Widal titre due to infections other than typhoid fever — the so-called "anamnestic reaction". When such an individual has an infection due to pyogenic cocci or other bacteria, the titre of the serum will rise but usually not to as high a level as in typhoid fever.

Stool or Urine Culture—A positive culture signifies either an active case or a carrier state.

Prevention:

If absolute control of the environment were possible, in other words, if it were possible to destroy all typhoid bacilli as they leave the body, there would be no more typhoid fever. However, since we cannot be certain of this control, it is best that everyone be vaccinated against typhoid fever. The State Board of Health distributes triple typhoid vaccine to physicians on request. There is no specific biological product effective in the treatment of typhoid fever.

Sentenced For Practicing Medicine Without License

Two men, both white, were convicted recently by Judge R. A. McGeachy of the Okaloosa County Circuit Court for the illegal practice of medicine. Evidence upon which the conviction was made was produced by the Bureau of Narcotics, State Board of Health, M. H. Doss, director.

I. D. Hart of Crestview was sentenced to serve one year at the State Penitentiary for practicing medicine without a licence. He was said to have been practicing medicine in Florida for the past 10 years without having attended any medical school nor having been licensed by any board to practice any of the healing arts. When arrested he was practicing out of the Enzor Brothers Hospital, Crestview.

Milton Ford, Niceville, was in possession of a diploma from the Louisville College of Medicine which has been identified as being the property of one Dr. Milton Ford of Inez, Kentucky, who claims that his diploma was stolen several years ago. It is presumed by investigators that the Milton Ford of Niceville assumed that name in order to conform to the name on the diploma. Mr. Ford failed to appear when his case was called May 2 and Judge McGeachy ordered his bond of $500 estreated and issued a bench warrant for his arrest.

Aim Of Medical Ethics Is To Protect Patients, Says New Association President*

Proper Procedure in Asking for Consultant Physicians and Making Change in Physicians Described by Dr. Walter C. Jones, Jr., President Florida Medical Association

In choosing this subject for a few minutes discussion before you, I have done so realizing the popular misunderstanding which exists and with the hope of some enlightenment from the physician's viewpoint. No subject could be more personal since each of you are patients or physicians.

We medical men take great pride in the fact that the original code of Medical Ethics was written by Hippocrates over twenty-three hundred years ago. Since that time every doctor practicing the healing art has taken the oath of Hippocrates. No doubt you have frequently heard — "according to our ability and judgment—for the benefit of our patients — passing our lives and practicing our art with purity and holiness—with the seal of silence set upon our lips, so that whatever we see or hear in the life of man, which ought not to be spoken abroad, we will not divulge." But little have you realized that these expressions of medical conduct were written about four centuries B.C.

About 2200 B. C. Hammurabi compiled for the Bablonians rules for the control of the practice of medicine. Then Hippocrates compiled the code which has been the basis of all subsequently written. Very little use was made of these rules amongst the Greeks and Romans. In the sixteenth century the Royal College of Physicians of England adopted the Statuta Moralia as a basis for the conduct of medical practice. In 1790 Sir Thomas Percival at the age of 64 formulated the "Code of Medical Ethics" which has become the generally accepted standard of ethics governing the relation between doctors themselves, and their patients and society. In his preface he states that he was activated by "an earnest desire to promote the honor and advancement of the Profession—; that the official conduct and mutual intercourse of the faculty might be regulated by precise and acknowledged principles of urbanity and rectitude." The American Medical Association has modernized and crystallized these basic principals into the Code of Ethics of the American Medical Association. Each county society has the privilege of interpreting this code and modifying it to meet the needs of its community.

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* Part I of an abstract on first public address made by Walter C. Jones, Jr., M.D., Miami, as President of the Florida Medical Association. Delivered before Jacksonville Kiwanis Club, April 30, 1941. Part II will appear in July Health Notes.

Moral Standards

"The exacting moral standards expected of the doctor are summarized in the Principles of Medical Ethics of the American Medical Association."—there is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence is a duty every physician owes alike to his profession and his patients."

So much for the personal and moral standards of the physician which have been outlined through the centuries. In order that a doctor may qualify for the practice of medicine in any State strict legal requirements have been established. Adequate educational and professional training are necessary before your doctor could appear before the examining boards. It is hoped these barriers may be upheld by our legal comrades for the protection of the health of society.

The relation of the physician to you as patients is considered under many separate headings in the American Medical Association Code of Ethics:

"The physician is free to choose whom he will serve." However in emergencies no choice should be taken and the true physician will respond in such cases without regard for his own likes or even life. *"Once having undertaken a case, a physician should not abandon or neglect the patient—"*

The relationship between the physician and patient is that of mutual trust. This must be built upon a basis of perfect frankness on the part of both parties involved. The patient in giving his story of complaints must reveal all facts, and the physician having obtained these facts must maintain secrecy. This trust imparted by the patient and accepted by the physician is never revealed except under the unusual stress of law.

Ability Is Best "Ad"

"The most worthy and extensive advertising possible—is the establishment of a well merited reputation for professional ability and fidelity." It is quite difficult for many business men to accept the viewpoint of the medical profession in regard to advertising. We firmly believe that the practice of medicine is the practice of art and not a trade or business. In the purchase of materials which have been advertised a person is able to inspect them and even try them out and make various comparisons, but with the physician the goods cannot be inspected,—neither can they be taken on approval. The only ethical basis for knowing what a physician's wares may be is by word of mouth from the satisfied patients and from the respect he has developed among his colleagues. This system is not perfect, for it is not infrequent that we will find in our ranks an especially good business man who is a fair doctor, but only too often the really skilled physician with an abundance of medical knowledge who does not have the opportunity of exhibiting his wares because of his poor salesmanship.

(To Be Concluded Next Month)

Impact - -

of Florida Defense Activities Felt

Marked increases in the number of tests performed by the Laboratories of the State Board of Health have been experienced in recent years, a large proportion of which is directly attributable to the extensive defense activities being carried on throughout Florida. A 235% increase in total number of tests was noted over the 10 year period from 1931-1940 inclusive.

In 1940, the increase was 38% over 1939, and up to May 15, 1941 an increase of 30% was shown over the same period of 1940. A table giving number of tests and percentage of increase follows:

	1931	1939	1940	1941 Percentage of Increase Over 1931	Over 1939	Over 1940*
Gonorrhea—						
Microscopic Examinations	**11,071**	**31,958**	**35,767**	**223%**	**11%**	**21%**
Serology—						
Blood Tests for Syphilis	**68,740**	**288,281**	**449,256**	**554%**	**56%**	**203%**
Intestinal Parasites	**40,040**	**80,029**	**100,625**	**151%**	**25%**	.....
Other Tests Correspondingly Increased						
Total Number Tests	**206,535**	**502,001**	**693,773**	**235%**	**38%**	**59%**

*Up to May 15, 1941

Florida - Health State Board of

FLORIDA HEALTH NOTES

Florida Has Highest Rate for Syphilis, U. S. Public Health Service Advises

•

Florida and South Carolina Tie for Highest Maternal Death Rate in 1940

•

No Cause for Alarm Over Increased Cases of Infantile Paralysis

The National Nutrition Conference For Defense

"In this time of national emergency, the health of all the people is one of our gravest responsibilities. Only a nation of healthy people can be strong. And people are healthy only if they are adequately fed. How well fed is America? Not well enough, not nearly well enough for our own security."

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Florida Has Highest Rate For Syphilis

FLORIDA has the highest syphilis rate of any State in the Nation, according to a communication reaching Dr. William H. Pickett, State Health Officer, from Dr. R. A. Vonderlehr, Assistant Surgeon General, Division of Venereal Disease Control, U. S. Public Health Service. The statement is based on records of physical examinations of approximately 19,000 selectees and volunteers in Florida through the period ending April 15. In the 1917 draft the same startling fact was disclosed, Dr. Pickett reports.

The State Health Officer says State investigation of selectee records has caused the State Board of Health to anticipate the extent of the venereal disease problem.

However, the department has been handicapped in coping with the situation by (1) lack of personnel (2) insufficient funds (3) small percentage of counties under accredited, full-time health units.

The syphilis rates reported by the U. S. Public Health Service, based on examination and positive blood tests, show 53.5 per 1000 for whites, 380.4 per 1000 for negroes, and an estimated 66.0 per 1000 for the general population of the State.

The Florida State Board of Health, with Federal aid, provides free drugs for syphilis treatment to private physicians and clinics. Dr. Pickett believes that although private physicians have been most gracious in giving their time for the treatment of indigent syphilis patients they cannot begin to cope with the problem because of its magnitude. "We should not expect physicians to shoulder the entire burden of indigent medical treatment any more than we expect grocers to feed all those who are hungry, or merchants to clothe those in need of raiment," in the opinion of the State Health Officer.

"An important point in the problem is the fact that mere treatment of a case of syphilis is not enough. Every individual with syphilis has contracted the disease from another individual. To adequately control the disease, we should find the source of infection of each syphilis patient as well as the persons to whom that patient may have transmitted the disease. This cannot be done by a physician single-handed. He must have the assistance of trained personnel

Needed — Aggressive Action

"Aggressive action should be taken in reference to those who are rejected for military service because of the venereal diseases.

"Among the first million men examined, 48,000 cases of syphilis have been found. Here are 48,000 young men, otherwise able to serve their country, who are not exercising this privilege of free citizenship because of syphilis. Of particular concern is the fact that present treatment and follow-up machinery in many places has broken down under the strain of this added case load. If we have the will and the funds to deal aggressively with the infectious cases uncovered by Selective Service examinations we can add thousands of men to the armed forces, and advance by a decade control of venereal disease."

THOMAS PARRAN, M.D.
Surgeon General of the United States.

capable of making such epidemiological investigations. That is where the full-time County Health Unit comes into the picture.

"When 'contacts' found by Health Units are able to pay, they are referred to the private physician, and a careful check is maintained to make sure they continue treatment until discharged. Persons unable to pay are treated by the health unit in co-operation with local physicians serving as clinicians. Inability to pay is determined by the local welfare agency and the private physician."

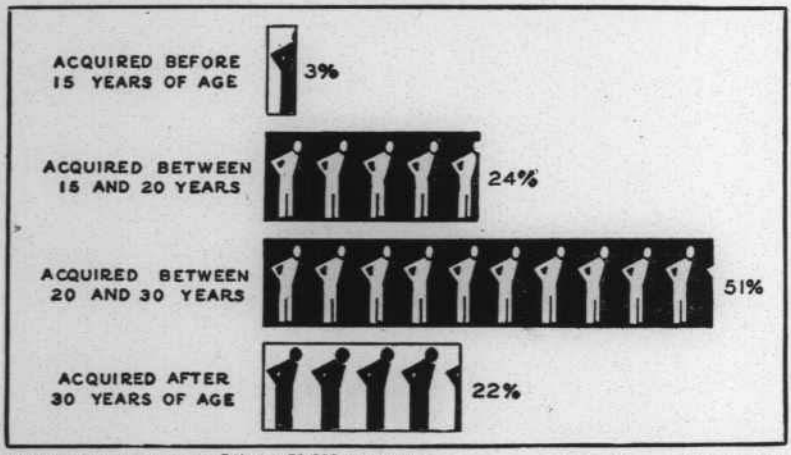
Only 27 of Florida's 67 counties are under full-time accredited Health Units, Dr. Pickett points out. This is the lowest percentage of protected population of any of the Southern States.

"Primarily, the present problem of our high syphilis rate is a community and county problem," Dr. Pickett says. "The State Board of Health is ready to co-operate to the extent of its limited resources but until such time as more counties are under Health Units and greater financial backing is given the State Board of Health, we will have to depend to a large extent upon local communities and counties to meet the problem.

"In times of national emergency like these, the Nation requires maximum manpower. Men rejected for service because of positive blood tests for syphilis are placed on a deferred status. These men are lost to the Army, Navy and to the Nation until they are brought under treatment and made fit for military service."

Syphilis the Enemy of Youth

3 OUT OF 4 SYPHILIS INFECTIONS ARE ACQUIRED BETWEEN 15 AND 30 YEARS OF AGE



EACH SYMBOL REPRESENTS 5%, OR 50,000 INFECTED PERSONS OF THE TOTAL ONE MILLION FRESH CASES OF SYPHILIS EACH YEAR IN THE UNITED STATES

CHART BY . . . THE AMERICAN SOCIAL HYGIENE ASSOCIATION

Florida And South Carolina Tie With Highest Maternal Death Rates In Country

DEATH rates recently released for 1940 by the U. S. Bureau of Census, show, among other things, that Florida and South Carolina are tied for the unenviable position of first place with the highest maternal mortality rate in the Nation.

Florida ranked fourth highest of the 48 States in malaria and automobile accidents, seventh highest in pellagra, nineth in infant mortality, twelfth in both tuberculosis and typhoid, fourteenth in diphtheria, fifteenth in diarrhea and enteritis, twenty-first in pneumonia.

"The most pitiable part of this useless sacrifice of human lives is the fact that each of the causes named is largely or wholly preventable," Dr. W. A. Pickett, State Health Officer, says. "By applying scientific medical and engineering knowledge already known, and by expanding our public health program, this loss of lives could be reduced by at least 30 to 40 per cent within the next few years. After that it would be reduced even more."

States with higher death rates for malaria than Florida were Alabama, Mississippi and South Carolina. In automobile accidents, Nevada, New Mexico and Wyoming had higher death rates than Florida. Six other Southern States were higher than Florida in their pellagra death rates. These were Alabama, Georgia, Mississippi, North Carolina, South Carolina and Texas.

Dr. Pickett states that in the death rates from pneumonia only those deaths marked on the certificate by the doctor as being either broncho or lobar pneumonia are included. Hypostatic pneumonia deaths are coded under a separate number and are not included among the pneumonia death rates listed in the report from which these statistics were taken.

Statistics in the Bureau of Census report are provisional and, as always, recorded.

Among the States with the lowest death rates from certain causes were:

Maternal Mortality—North Dakota, Wisconsin, Massachusetts, New Jersey.

Tuberculosis — Connecticut, Indiana, Maine, Michigan, Wisconsin.

Automobile Accidents — Massachusetts, Rhode Island, New York, North Dakota, Tennessee.

Madison County Health Unit

A full-time accredited county health unit has been voted for Madison County by the County Commission and the County School Board. The decision was reached this month at a joint meeting of the two groups attended by more than 350 citizens of the county. The Unit is scheduled to begin operation January 1, and the personnel will consist of a full time health officer, nurse, sanitary officer and clerk. The Farm Security Administration is donating the services of a nurse for the Cherry Lake section of the county. She will work directly under the supervision of the county health officer.

Rockefeller Foundation Doctor Loaned To Board Of Health For New Malaria Control Program

Physician Who Has Served With Foundation Over A Period of Years Will Direct Joint Project Cooperatively Sponsored by Rockefeller Foundation, U. S. Public Health Service and State Board of Health

DR. John E. Elmendorf, Jr., member of the field staff of the Rockefeller Foundation, has been appointed director ad interim of the Division of Malaria Control, Florida State Board of Health.

Dr. William H. Pickett, State Health Officer, says the services of Dr. Elmendorf were made available as a result of a co-operative agreement between the Rockefeller Foundation, U. S. Public Health Service and State Board of Health. Dr. Elmendorf comes to Jacksonville from Pensacola, where he has been stationed for the past four years as director of a malaria control project jointly sponsored by the City of Pensacola, Escambia County, the State Board of Health and Rockefeller Foundation. Purpose of that demonstration, according to Dr. Elmendorf, was to determine whether or not malaria control would be advisable and economically sound on a State-wide basis. Malaria is one of the leading disease problems of Florida, being directly attributable to the malaria parasite transmitted to man in the bite of the *anopholes* mosquito. It is preventable through various means, chief among which, from a semi-permanent and economical standpoint, are drainage and screening.

DR. JOHN E. ELMENDORF, JR.

Dr. Elmendorf will make a malaria survey of the State offering recommendations for control to be carried on in co-operation with county health units. The State Board of Health will make the plans and contribute supervisory services, local supporting funds being provided for actual works control.

Dr. Elmendorf says he feels "this work offers a wide field of opportunity for improvement of Florida health conditions". During his period of assignment to the State of Florida Dr. Elmendorf will train a malariologist to carry on the

work after his departure. Rockefeller Foundation assignments are made on a year to year basis.

Dr. Elmendorf has asked that an advisory committee be named from among experts in their various fields, so that the malaria department might have the benefit of their advice and counsel regarding all matters of principle of the department, as well as the benefit of their judgment in adopting detailed procedures of control activities. General plans for the statewide program are now being developed.

The department formally opens July 1. Plans for operation should be perfected within the next few weeks, Dr. Elmendorf advises.

Dr. Elmendorf has been a member of the field staff of Rockefeller Foundation since 1920. For 14 years he represented the Foundation in Costa Rica, Guatamala, Venezuela and Brazil. Immediately before going to Pensacola in 1937 Dr. Elmendorf did special investigating work for the Rockefeller Foundation in New York City on yellow fever vaccine.

Dr. Elmendorf is a fellow of the American Association for the Advancement of Science, a member of the National Malaria Committee, American Public Health Association, American Society of Tropical Medicine, licentiate of the National Board of Medical Examiners, Florida Public Health Association. He is immediate past-president of the Florida Anti-Mosquito Association.

Hope To Treat Registrants

The Florida State Board of Health is endeavoring to inaugurate a plan whereby registrants who have syphilis or gonorrhea receive the treatment necessary to restore health and make them acceptable for military service. Candidates for service who are deferred because they have gonorrhea or syphilis, are deferred indefinitely if no effort is made to require him to submit to treatment because the Army and Navy refuse to take men with these diseases.

From a public health standpoint, as well as from a personal, it would be desirable, says the State Board of Health, for local draft boards to insist that all applicants infected with syphilis or gonorrhea receive adequate treatment. The boards should request those giving the treatment to notify boards when these registrants are considered fit for military duty. Such a procedure would eliminate indefinite deferrment, which is what happens when registrants suffer with untreated syphilis or gonorrhea.

Letters have been sent to all draft boards in the state urging them to cooperate in a state-wide physical rehabilitation program. In counties with Health Units, the program can be handled satisfactorily if the agencies concerned do their part. But in non-Health Unit counties it is difficult to devise a workable plan, says Dr. William H. Pickett, State Health Officer.

Only 27 of Florida's 67 counties are under full-time Health Units.

The National Nutrition

IN ORDER to evaluate the present status of the country's nutrition problem and to make plans for its solution, the President called a "National Nutrition Conference for Defense" which met in Washington during the last week in May.

The seven hundred delegates from all over the country who attended the conference represented the fields of medicine and public health, social work, nursing, nutrition, home economics, education, agriculture, labor, industry, government, and community organization.

At the general sessions of the Conference, leaders in these fields and in government offices reviewed the country's nutrition problem in its many aspects — the health status of the population, need for education in nutrition, family incomes, food, purchases, food production and distribution, community responsibility. They stressed the magnitude and seriousness of the nutrition problem and the urgent need to do something about it.

Each delegate was assigned, because of his special interest to one of nine sections where, after careful discussion, recommendations in each field were prepared. These were presented to the entire group before final submission to the President.

With plans prepared, it will be the duty of every state, county and community in the country to assume its responsibility in carrying them out, and with each one doing his part, it should be possible to extend the benefits of good nutrition to every person in the United States.

Highlights

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l program in our Nation must be active participation of all the ntion on health and nutrition

Conference for Defense

Dr. Ouida Davis Abbott, director of Home Economics Research, State Experiment Station, Gainesville, Florida, has recently reported on a 12-year study of human dietary deficiencies occurring among the people of Florida. The chief objective of the investigation was to determine the prevalence of nutritional deficiency diseases in rural children.

Dietary studies were made of 3,000 children. "The diets as a whole were very poor," according to Dr. Abbott. "About 25 percent had diets that could be rated as fair, not good but passable. About 75 percent had diets deficient in one or more nutrients and were below the physiological danger line, according to conservative standards of nutrition.

"Among the entire group, milk was used in only 28 percent of the menus, butter and eggs in 30 percent, leafy vegetables in 27 percent and fruit in only 20 percent."

Cereals were represented almost entirely by grits, corn meal, and white flour. The food items occurring most often were rice, grits, corn meal, sirup, white bacon, and biscuits. The year-round garden was rarely found and, outside the citrus section fruit was scarce and limited to summer when wild berries and a few peaches and figs were available.

No Cause To Be Alarmed Over Infantile Paralysis Cases Says State Epidemiologist

HARRY B. SMITH, M.D., M.P.H.
Director, Bureau of Epidemiology
Florida State Board of Health

The increased number of cases of poliomyelitis (infantile paralysis) reported in Florida since January 1 of this year has served to focus attention upon this disease. At no time, however, has the incident reached epidemic proportions, and there is no cause for alarm.

A major epidemic of poliomyelitis is considered to be 2 cases per 1000 population. On this basis, Florida with its 1,951,064 persons would have to have around 3902 cases before the outbreak would assume epidemic proportions of a serious nature.

Only 66 cases of poliomyelitis were reported to the Florida State Board of Health from January 1 through June 7, 1941. Compared with the low of 4 cases reported for the same period of 1940, the current year has shown a decided increase. Yet it is obvious that the 66 cases for the five-month period of 1941 is far removed from the accepted epidemic level of 3902 cases for the population group into which Florida falls.

Poliomyelitis is an acute contagious disease occurring with great regularity during the warm season of the year which extends into early Fall in this section. Its attack is limited for the most part to children, although adults may occasionally contract the disease.

Individual susceptibility to poliomyelitis is not well understood. The disease is known to the medical profession as one of "low incidence," which means that despite the fact that a large number of children are exposed to it, only a few children contract it.

Contrary to popular opinion, it is unwise to close schools during an epidemic of poliomyletis. Experience has shown it to be much better to keep the schools open and institute morning inspection of all children, eliminating and isolating those children who show any departure from normal. This is done by immediately removing the child from the classroom to a place in the building designated for such purpose. There he may await transportation to his home, where he should be placed under the immediate care of his physician and the health authorities notified.

A much closer check on children can be kept with schools open than with schools closed. Furthermore, the latter popular but nonetheless impractical procedure entails the additional risk of letting school-free children roam at large through the community, attending picture shows, clubs or church functions, possibly carrying their disease germs with them.

It is important that people, both children and adults, avoid crowds when an epidemic is prevalent. It

INFANTILE PARALYSIS TABULATED

1941					1940				
Week	Ending	January	4	2 Cases	Week	Ending	January	6	0 Cases
"	"	"	11	1 "	"	"	"	13	0 "
"	"	"	18	1 "	"	"	"	20	0 "
"	"	"	25	2 "	"	"	"	27	0 "
Week	Ending	February	1	2 "	Week	Ending	February	3	0 "
"	"	"	8	2 "	"	"	"	10	0 "
"	"	"	15	1 "	"	"	"	17	0 "
"	"	"	22	4 "	"	"	"	24	0 "
Week	Ending	March	1	2 "	Week	Ending	March	2	0 "
"	"	"	8	3 "	"	"	"	9	0 "
"	"	"	15	3 "	"	"	"	16	0 "
"	"	"	22	6 "	"	"	"	23	0 "
"	"	"	29	2 "	"	"	"	30	1 "
Week	Ending	April	5	5 "	Week	Ending	April	6	1 "
"	"	"	12	6 "	"	"	"	13	0 "
"	"	"	19	1 "	"	"	"	20	0 "
"	"	"	26	2 "	"	"	"	27	0 "
Week	Ending	May	3	1 "	Week	Ending	May	4	0 "
"	"	"	10	6 "	"	"	"	11	0 "
"	"	"	17	1 "	"	"	"	18	0 "
"	"	"	24	7 "	"	"	"	25	1 "
"	"	"	31	3 "	Week	Ending	June	1	0 "
Week	Ending	June	7	3 "	Week	Ending	June	8	1 "
TOTAL				66 "	TOTAL				4 "

is equally important that spread of the disease should be checked by immediate isolation of sick children.

Poliomyelitis is believed to be spread by direct or indirect contact with infectious secretions or excretions of recognized and unrecognized cases and carriers. It is felt that "healthy" carriers play a very important part in the spread of this disease.

The disease is caused by a germ belonging to a group of infectious agents known as viruses, which are germs too small to be seen by the aid of the microscope but which pass through a porous filter that prevents the passage of ordinary germs. The germs of poliomyelitis are contained in the secretions from the nose and throat of the patient. Recent investigations even indicate that the bowel discharges may also contain germs.

The time elapsing from date of first exposure to the disease to the beginning of symptoms (incubation period) is as a rule 7 to 14 days. The symptoms of poliomelitis are not always clear cut and the end results are not always the same since the disease occurs in several variable forms. The most commonly recognized form is the case which is ill from one to three days and results in paralysis. This is the paralytic form of the disease.

The group of cases in which the infection does not terminate in paralysis is divided into the nonparalytic form and the abortive form. In the latter form the diagnosis can only be presumptive because the characteristic symptoms are lacking. This latter group forms a group of mild illnesses which occur coincident with frank cases of poliomyelitis and about which little is known insofar as frequency is concerned.

The onset of an attack of typical poliomyelitis is usually sudden. The first symptoms are headache, "up-

set stomach", and mild fever, the temperature rarely exceeding 102 degrees.

The headache is limited to the forehead (frontal in character) and is persistent. Many of the children complain early of pain and stiffness of the neck and back.

As a rule the patient is markedly prostrated, more so than is to be expected from the moderate fever. The face is flushed and the child is drowsy despite the fact that he is easily aroused and is apprehensive when disturbed. Symptoms can be readily detected by a physician, who should be called promptly.

It must be admitted that the methods thus far used in the control of poliomyelitis are not entirely satisfactory — there is still much research to be done and many discoveries to be made. Meanwhile, the public must rely upon and accept the responsibility of enforcing complete isolation of all persons showing symptoms of the disease.

The Aim Of Medical Ethics*

By WALTER C. JONES, JR., M.D.
President Florida Medical Association

(Continued from Last Month)

At present the incentive of excellence in the practice of medicine is the motivating power of the profession. Should this individual incentive be lost and the practice of medicine together with the patient-physician relationship pass under the control of any form of State medicine, there would no longer be this individual stimulus, but unfortunately, there might be an effort to please officials. Any system which tends to lessen individual initiative likewise will be the one which in the end will fail to stimulate scientific progress.

Consultation Procedure

"In serious illnesses, especially in doubtful or difficult conditions, the physician should request consultations." There is probably no phase of medical ethics which is more confusing to patients than the details of a consultation. Frequently the patient may feel an embarrassment in asking for a consultation should the physician not see fit to propose it first. However, it is your right and duty to yourself as a patient to ask further advice in regard to an illness if you desire. No reputable physician but what welcomes consultation with another respected physician. There is never occasion for rivalry or envy in such action. It is not thought best that a consultant should become the attending physician during that illness, except with the consent of the physician who was in charge at the time of the consultation. It is well to remember that your doctor will welcome consultation and he is in better position to give advice as to the proper party for consultation than is your barber. Only too frequently the clerk in the corner store may influence a patient's decision as to proper medical care. I wish to emphasize that your doctor is in better position to know who is qualified in the practice of medicine in your community and who can give most help in time of need, so if your doctor has failed to request the consultation, talk the matter over with him, and it is

*Part II and conclusion of an abstract on first public address made by Walter C. Jones, Jr., M.D., Miami, as President of the Florida Medical Association. Delivered before Jacksonville Kiwanis Club. April 30, 1941.

only a bigotred know-it-all but what will welcome such an opportunity.

Commissions Unethical

"It is unethical to give or to receive a commission by whatever term it may be called, or under any guise or pretence whatsoever when a patient is referred from one physician to another for consultation or treatment." We definitely feel that the skill and knowledge of the physician who is consulted should be the guiding factor and not the percentage of rebate which the referring doctor might receive. The ring of a clear conscience is a more pleasant sound to the reputable physician than the jingle of money in his pocket.

It is your privilege to change your doctor at any time that you desire. As a protection to you and out of courtesy to your physician we refuse to treat any patient until the previous physician has been discharged and before undertaking the care of your case a reputable physician will talk with the discharged doctor who in turn should gladly give over all the information which he has in regard to your case. If there has been a loss of confidence on your part in your physician, it is your duty to yourself and to him to make a change.

It is your privilege to have as many doctors on an individual case as you desire but a word of warning seems in order. It has frequently been said that "too many cooks spoil the broth", and in the practice of medicine the broth of life may be snuffed out because of the inability of many cooks to agree. We have often heard a patient say in a braggadocial manner: "When my father died he had six doctors." This might be paraphrased very aptly in a number of cases: "My father died because he had six doctors."

Physician and Public Health

The physician has an important relationship to the community. It is his duty to give advice concerning public health matters. He should assist in the enforcement of laws of public health and should be ready to counsel the public on public hygiene and legal medicine, quarantine regulations and the prevention of epidemics and contagious diseases. In case of epidemics or extreme emergency it is his duty to labor without regard to risk of his own health or life, or concern as to financial returns. For the further protection of public health all cases of communicable diseases are required to be reported to the public health authorities. These duties are self explanatory but mean much to society's welfare.

The physician should warn the public against various devices which may be injurious to health or may even result in loss of life, and it is further his duty to exert every effort to legally protect the public against such devices. The medical profession of the State of Florida at the last session of the legislature was able to enact such a law,—a law which is of no monetary value to them but is a protection to public health by requiring all who practice the healing art to have knowledge of the basic sciences.

These are only a few of the principles involved in the relationship of the physician to himself, the patient and society. As Walt Whitman stated, "In the end nothing services but personal character" and the underlying basis of all ethics is that one should constantly behave toward others as he desires them to deal with him.

BUREAU OF VITAL STATISTICS

MATERNAL MORTALITY—DEATHS FROM DISEASES OF PREGNANCY, CHILDBIRTH AND THE PUERPERAL STATE, AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1940.

Edward M. L'Engle, M. D., Director

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	215	6.4	114	4.8	101	10.2
Alachua	4	4.8	2	4.2	2	5.8
Baker	1	9.8	0	.....	1	30.3
Bay	3	5.9	3	7.2	0	.....
Bradford	1	4.5	0	.....	1	15.2
Brevard	2	7.8	0	.....	2	18.2
Broward	7	9.7	3	7.7	4	12.0
Calhoun	2	9.0	2	10.6	0	.....
Charlotte	0	.....	0	.....	0	.....
Citrus	1	9.8	1	13.7	0	.....
Clay	1	11.1	1	16.7	0	.....
Collier	0	.....	0	.....	0	.....
Columbia	6	16.7	2	9.5	4	26.8
Dade	23	5.5	14	4.4	9	9.2
DeSoto	1	5.8	1	7.0	0	.....
Dixie	0	.....	0	.....	0	.....
Duval	24	6.6	12	4.8	12	10.5
Escambia	13	7.8	10	7.6	3	8.4
Flagler	0	.....	0	.....	0	.....
Franklin	1	8.1	0	.....	1	25.0
Gadsden (Ex.)	7	12.2	3	14.8	4	10.8
State Hospital	0	.....	0	.....	0	.....
Gilchrist	0	.....	0	.....	0	.....
Glades	0	.....	0	.....	0	.....
Gulf	0	.....	0	.....	0	.....
Hamilton	3	12.0	1	8.0	2	16.1
Hardee	0	.....	0	.....	0	.....
Hendry	0	.....	0	.....	0	.....
Hernando	0	.....	0	.....	0	.....
Highlands	2	9.4	2	12.3	0	.....
Hillsboro	23	7.4	13	5.0	10	20.1
Holmes	3	9.5	3	10.0	0	.....
Indian River	0	.....	0	.....	0	.....
Jackson	3	4.2	0	.....	3	11.9
Jefferson	4	15.9	1	16.1	3	15.9
Lafayette	0	.....	0	.....	0	.....
Lake	7	13.4	5	13.5	2	13.2
Lee	0	.....	0	.....	0	.....
Leon	5	7.6	1	3.4	4	10.9
Levy	1	3.7	0	.....	1	10.2
Liberty	0	.....	0	.....	0	.....
Madison	5	14.7	4	24.7	1	5.6
Manatee	2	4.2	0	.....	2	12.3
Marion	6	10.5	3	9.4	3	11.9
Martin	2	19.2	0	.....	2	51.3
Monroe	1	4.4	0	.....	1	16.1
Nassau	1	5.0	0	.....	1	11.6
Okaloosa	2	7.9	2	8.7	0	.....
Okeechobee	0	.....	0	.....	0	.....
Orange	5	4.3	4	4.6	1	3.4
Osceola	0	.....	0	.....	0	.....
Palm Beach	6	5.2	0	.....	6	12.7
Pasco	0	.....	0	.....	0	.....
Pinellas	2	1.7	2	2.2	0	.....
Polk	11	6.5	8	5.9	3	9.0
Putnam	1	2.8	0	.....	1	8.3
St. Johns	5	14.0	2	9.1	3	21.9
St. Lucie	2	8.2	0	.....	2	17.5
Santa Rosa	4	13.1	2	7.4	2	55.6
Sarasota	0	.....	0	.....	0	.....
Seminole	1	2.7	0	.....	1	5.3
Sumter	3	16.0	2	18.0	1	13.0
Sumannee	1	2.5	0	.....	1	6.3
Taylor	1	4.2	1	5.5	0	.....
Union	1	7.6	0	.....	1	34.5
Volusia	3	3.8	2	3.7	1	4.0
Wakulla	0	.....	0	.....	0	.....
Walton	0	.....	0	.....	0	.....
Washington	2	9.0	2	12.0	0	.....

BUREAU OF VITAL STATISTICS

INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1,000 LIVE BIRTHS, BY COLOR, BY COUNTIES, FLORIDA, 1940.

Edward M. L'Engle, M. D., Director

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	1,809	53.5	1,045	43.8	764	76.9
Alachua	73	88.5	31	64.7	42	121.4
Baker	6	58.8	2	29.0	4	121.2
Bay	25	49.1	20	47.8	5	54.9
Bradford	14	63.6	9	58.4	5	75.8
Brevard	15	58.8	7	48.3	8	72.7
Broward	36	59.0	17	43.8	19	57.2
Calhoun	14	62.8	10	52.9	4	117.6
Charlotte	0	.....	0	.....	0	.....
Citrus	4	39.2	1	13.7	3	103.4
Clay	5	55.6	4	66.7	1	33.3
Collier	3	39.5	2	34.5	1	55.6
Columbia	26	72.2	17	89.6	9	60.4
Dade	205	49.1	122	38.1	83	85.2
DeSoto	6	34.7	3	21.1	3	96.8
Dixie	18	120.0	9	107.1	9	135.4
Duval	173	47.5	115	45.9	58	50.8
Escambia	112	67.1	72	54.8	40	112.4
Flagler	0	.....	0	.....	0	.....
Franklin	6	48.4	4	47.6	2	50.0
Gadsden (Ex.)	52	90.9	15	73.9	37	100.3
State Hospital	0	.....	0	.....	0	.....
Gilchrist	5	61.7	3	42.9	2	181.8
Glades	0	.....	0	.....	0	.....
Gulf	5	35.2	2	20.8	3	65.2
Hamilton	11	44.2	7	56.0	4	32.3
Hardee	8	41.2	6	33.3	2	142.9
Hendry	6	68.2	3	51.7	3	100.0
Hernando	7	59.8	2	24.7	5	138.9
Highlands	7	33.0	3	18.5	4	89.0
Hillsboro	162	52.0	119	45.5	43	86.5
Holmes	13	41.3	13	43.5	0	.....
Indian River	11	71.4	6	57.7	5	100.0
Jackson	31	43.1	19	40.6	12	47.6
Jefferson	13	51.8	2	32.3	11	58.2
Lafayette	3	34.1	3	36.1	0	.....
Lake	38	72.7	18	48.5	20	131.6
Lee	26	66.8	19	59.9	7	97.2
Leon	39	59.4	10	34.5	29	79 0
Levy	17	62.3	8	45.7	9	91.8
Liberty	10	133.3	7	140.0	3	120.0
Madison	19	55.9	9	55.6	10	56.2
Manatee	20	41.6	9	28.2	11	67.9
Marion	38	66.5	17	53.3	21	83.3
Martin	5	48.1	2	30.8	3	76.9
Monroe	15	65.5	7	41.9	8	129.0
Nassau	9	45.0	6	52.6	3	34.9
Okaloosa	13	51.2	12	51.9	1	43.5
Okeechobee	0	.....	0	.....	0	.....
Orange	42	36.4	18	20.9	24	82.2
Osceola	14	100.7	8	74.1	6	193.5
Palm Beach	60	51.6	21	30.4	39	82.5
Pasco	15	57.7	10	48.3	5	94.3
Pinellas	50	42.2	28	30.1	22	85.9
Polk	65	38.7	52	38.6	13	38.9
Putnam	17	48.2	7	30.0	10	83.3
St. Johns	25	70.2	10	45.7	15	109.5
St. Lucie	16	65.8	6	46.5	10	87.7
Santa Rosa	24	78.7	19	70.6	5	138.9
Sarasota	15	56.0	11	55.3	4	58.0
Seminole	20	54.5	4	22.3	16	85.1
Sumter	13	69.1	9	81.1	4	51.9
Suwannee	27	66.8	18	73.8	9	56.3
Taylor	5	21.0	4	22.0	1	17.9
Union	6	45.8	5	49.0	1	34.5
Volusia	38	48.0	21	39.0	17	67.5
Wakulla	4	42.6	1	27.0	3	52.6
Walton	17	63.7	14	60.6	3	83.3
Washington	12	53.8	7	41.9	5	89.3

The Family's Meals

All dietary essentials—calories, protein, minerals, vitamins—should be adequately supplied if the plan for the DAILY MEALS include the following foods for EACH PERSON:

MILK

1 quart for babies and small children
3 or 4 cupfuls for other boys and girls
At least 2 cupfuls for grown-ups
1 quart for pregnant and nursing women

CEREALS AND BREAD

Use a dark, cooked cereal for breakfast
Dark bread is better than white

FATS AND SUGARS

Do not use too much

FRUITS AND VEGETABLES

Orange, grapefruit, or tomato, other fruits, fresh and dried. Potatoes and one or two other vegetables. (Dark green leafy and raw vegetables often)

EGGS

At least three or four a week

MEAT. FISH. CHEESE. DRIED BEANS AND PEAS:

At least one of these.

HEALTH NOTES

The Rockefeller Creed

The "Creed of Living" expressed in a recent radio address by John D. Rockefeller, Jr. is felt to be, as the Rockefeller name itself, so intimately associated with the advancement of Science and Health that it is herewith reproduced:

"I believe in the supreme worth of the individual and in his right to life, liberty and the pursuit of happiness.

"I believe that every right implies a responsibility; every opportunity, an obligation, every possession, a duty.

"I believe that the law was made for man and not man for the law; that government is the servant of the people and not their master.

"I believe in the dignity of labor, whether with head or hands; that the world owes no man a living but that it owes every man an opportunity to make a living.

"I believe that thrift is essential to well ordered living and that economy is a prime requisite of a sound financial structure, whether in government, business or personal affairs.

"I believe that truth and justice are fundamental to an enduring social order.

"I believe in the sacredness of a promise, that a man's word should be as good as his bond; that character—not wealth or power or position—is of supreme worth.

"I believe that the rendering of useful service is the common duty of mankind and that only in the purifying fire of sacrifice is the dross of selfishness consumed and the greatness of the human soil set free.

"I believe in an all-wise and all-loving God, named by whatever name, and that the individual's highest fulfillment, greatest happiness and widest usefulness are to be found in living in harmony with His will.

"I believe that love is the greatest thing in the world; that it alone can overcome hate; that right can and will triumph over might."

STATE BOARD OF HEALTH

Jacksonville, Florida

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CONTENTS

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

An Eminent Orthopedic Specialist Discusses Infantile Paralysis

Due To Difficulty In Identifying Early Symptoms, the Importance Of Calling A Physician Immediately Cannot Be Over-emphasized.

By Armitage Whitman, M. D.
Part I

SUPPOSE that your child, five years old, has, for no known cause, come down with fever. He is fretful, irritable, cries when you touch him and holds himself as quietly as possible in bed. You call your doctor and he, after his usual examination, suggests the possibility of anterior poliomyelitis (infantile paralysis).

There is no epidemic in your part of the country, but you are as intelligent as he and when he suggests a lumbar puncture for the purpose of making a possible diagnosis, you give your consent, and are pleased to find it a much less painful and formidable procedure than you had supposed. He examines the fluid under the microscope, finds that the cell count is increased, and tells you that the diagnosis is probably what he had suspected, but that no one can be absolutely sure unless paralysis makes its appearance. For the present the child must be kept in a cool, dark room, and shielded from any possible disturbance.

•THE sporadic and widely scattered outbreaks of infantile paralysis that are occurring in many sections of the country has served to focus public attention to this disease. Dr. Armitage Whitman, author of "From Head to Foot" (Published by Farrar and Rinehart, Inc., New York City, Copyright 1939 by Armitage Whitman) has granted permission to the Florida State Board of Health to reprint excerpts which deal with infantile paralysis. Part I appears herewith. Part II will follow next month. Dr. Whitman is a specialist in the treatment of this disease. He holds the position of professor of orthopedics at Columbia University, is consulting orthopedic surgeon at New York Hospital for the Ruptured and Crippled and as such carries on the traditions of his distinguished father, Dr. Royal Whitman.

The Doctor comes to see your child every day, several times a day when possible. He does not irritate the child by a complete examination at each visit, but he is keenly on the lookout for the onset of paralysis. If it does come he is immediately on guard against the onset of deformity. Deformity in this disease is caused by three things: the pull of muscles unopposed by that of those which normally pull against gravity, which tends, for example, to make the foot drop down; and any superincumbent weight, such as that of the body or of bedclothes. In general the feet tend to drop down, and the legs and thighs to be drawn up, and in toward each other. In the upper extremity the arm tends to be drawn in to the side so that subsequently raising it becomes impossible.

The doctor is particularly alert in watching for paralysis, or any weakness at all, in the muscles of the back and abdomen, for he knows that nothing will cause more rapidly a cur-

No Epidemic

• Dr. Harry B. Smith, Director of the Bureau of Epidemiology, Florida State Board of Health, re-emprasizes his statements in July HEALTH NOTES as well as subsequent newspaper releases , by declaring once again that the outbreak of poliomyelitis in Florida has not been and still is not of epidemic proportions.

Supplementing the table of reported cases covering the period from January 1 through June 7, 1941 printed in the July HEALTH NOTES, Dr. Smith presents the following week-by-week record of poliomyletis brought up to date through July 19:

	Cases
Jan. 1 through June 7	66
Week ending June 14	3
Week ending June 21	15
Week ending June 28	10
Week ending July 5	6
Week ending July 12	11
Week ending July 19	8
Total to date, 1941	119

vature of the spine, which may even take place while the child lies flat on his back in bed.

When the acute stage of the disease is over, all symptoms except tenderness of the muscles have disappeared. This tenderness is evidence of the fact that inflamation still persists in the affected segments of the spinal cord.

We cannot directly treat the inflammation; as we might open a boil; all we can do is to put the affected region of the spinal cord completely at rest. This may be accomplished by placing the affected extremities, or the entire body from the crown of the head to the tips of the toes if necessary, in plaster of Paris bandages. The upper extremities should thus be immobilized with the arms at a right angle to the body, and the lower ones should be held in complete extension, with the feet at a right angle to the legs, toes turned neither in nor out. If your doctor has had any experience with plaster of Paris he will be able to apply this immobilizing apparatus himself, but if one is available, at this stage he will probably wish to consult an orthopedic surgeon.

WHEN the orthopedic surgeon arrives he will make a meticulously thorough examination of your child's muscles and will record his findings on a chart. He will grade them as normal, good, fair, poor or zero, according to the degree of power they possess and according to a system of his own. Then the doctor will apply the plaster.

If he is wise he will heave a sigh, give up the idea of playing golf that afternoon and sit down to have a long talk with you, your husband, and if possible grandfather and grandmother as well. A thorough comprehension of the nature of the disease will save you thousands of dollars, and many heartaches and anxieties.

At this time, however, even the most considerate parent—you, I mean —will not be able to restrain himself from asking that most terrible of questions, "Doctor, what do you think? Is my child going to get well?" And the doctor must school himself to answer that question with the most difficult and unsatisfactory of answers —that he doesn't know.

If he has had much experience with the disease he will know that often one muscle, completely paralyzed, has much less chance of recovery than a number of muscles partially affected. This, however, is only a generalization. He will also know that anterior poliomyelitis is the most unpredictable of diseases—that sometimes the worst cases get completely well and the mildest, with the best of treatment, may not improve at all.

He will do his best to keep the child in plaster as long as possible. When you ask him whether the muscles won't waste away from such prolonged inactivity he will answer that the well ones may, to some extent, but they will quickly regain their power, while any such consideration is completely outweighed by the inestimable value of the rest accorded to those that are affected. Doctors' views vary, fortunately, on all subjects, but I feel that if he can keep the plaster on six months he will have done the best he can for the future of your child.

THIS period is naturally going to be a trying one for all concerned, and I shall enumerate a few of the obligations that will fall on the patient and the members of the family, and the sympathetic visitors. The child must not be spoiled. Sympathy must not take the form of coddling and lollipops. Mothers have a great tendency to martyrize themselves, and the neighbors are loud in their admiration of "poor dear Mrs. Smith, who has given up her life to the care of that poor unfortunate child." She has no business to do any such thing. What I am about to say may sound extremely harsh, but after twenty-two years of intimate experience with patients suffering from this disease, I think it should be said.

I have in mind a boy—he is a man, if you can call him that—now. In 1916 he was almost completely paralyzed from the neck down. Since then, if I do say so, he has had the most expert treatment. Had he lived fifty years ago he would now be dead. He would have developed into a shapeless, helpless tangle of deformities and years ago would have succumbed mercifully to some intercurrent disease, most likely pneumonia.

SHORT-LIVED was the joy of children who gave each other knowing glances when it was announced that world conditions had reduced imports of cod liver oil. They had visions of no longer being bothered with these fishy oils.

Courtesy, R.N.—A Journal for Nurses.

With typical American ingenuity, science recently announced that a new product corresponding to cod liver oil would be included in the U. S. Pharmacopoeia. Officially it is called "oleovitamin A and D. It is composed of either fish-liver oil or fish-liver oil diluted with an edible vegetable oil. The vitamins are obtained from natural, animal sources.

Oleovitamin A and D is best kept in a cool place in well-closed containers. It may be flavored with any of the flavoring substances recognized by the U. S. Pharmacopoeia.

When this new product is available to pharmacists it is anticipated that it will relieve the shortage of cod liver oil. It is hoped that it will be easier to administer than cod liver oil. Certainly it will be cheaper than the natural oils now on the market.

Instead his deformities have been almost entirely prevented. The braces that he would have had to wear have been supplanted by various operations. If he would make the serious and prolonged effort necessary he could get about with the aid of crutches, although it is true that his arms and hands are still extremely weak, but largely because he has refused from the first to make any consistent effort to employ them. Why? because his mother has devoted herself to her boy. Almost from the occasion of their first visit I warned her not to do so, but she was a good Christian woman who knew her duty.

Twenty-two years ago she was a very pretty, cheerful young woman. She now wears a hard, bitter, disappointed look. Her husband drinks. He got into the habit of dropping in at the saloon to have a beer with the boys on the way home because his wife would never leave the house to go out with him. The habit grew on him and I think that had he not been poor they would long ago have been divorced.

YOU are going to make your child realize that while it is too bad he is paralyzed, he is not the only one so afflicted, and anyway there's the chance that he may get well. No one can say for at least two years what the final outcome will be. If he doesn't get well, you can, perhaps, make him understand the importance of having a handicap. It is very real. I thing of numbers of cases in which patients have flung their defiance in the face of their handicap and put forth efforts to succeed that have carried them far beyond the average success. You will allow no one to sympathize with him, in the sense of saying in his presence, "Oh, the poor, dear child." You will see that he gets the necessary care but, beyond that, no more attention than any member of the family. Last, and most important, you will find out what he can do and insist that from the first he should do everything in his power for himself.

Infantile paralysis is an acute infectious disease. Its name is an unfortunate one, for the incidence of the disease is by no means confined to infants, nor is it always accompanied by paralysis. Anterior poliomyelitis is a complicated scientific term that far more accurately describes it. Its origin is a mystery, but at present most doctors are agreed that it is a virus disease which gains entrance to the body through the mucous membranes of the nose, whence it makes its way directly into the central nervous system.

In its acute stage the symptoms are those of any other feverish complaint —headache, drowsiness, stiffness of the neck, soreness and tenderness of the limbs, nausea, vomiting and loss of appetite. An immediate diagnosis of the disease is rarely made for the only means by which it can be made before paralysis appears is by lumbar puncture—sticking a hollow needle into the spinal canal and examining the fluid thus drawn off under a microscope.

It is my personal opinion that the disease is a very common one and that, except in epidemics, the diagnosis is rarely made, paralysis being an unusual manifestation.

A comprehension of the disease, its various stages and its ultimate outcome, rests upon an understanding of the changes which it causes in the body. The nervous system may be likened to a telephone. The brain is the speaker using the instrument. From it the nervous impulses or messages are sent down the spinal cord. At every level of the cord, nerves run outward to the various portions of the body—those to the upper extremities from the higher levels, those to the lower extremities lower down. The nerve impulses coming from the brain passes through a group of cells—re-

laying stations—before it goes to the nerve which may supply a particular muscle.

The inflammation caused by the disease centers about these cells in the spinal cord. Some of the cells may be destroyed outright by hemorrhage into them. Others may be simply crushed and squeezed by the swelling caused by the inflammation, in which case their activity is only temporarily suspended, and will return as the inflamation subsides and its pressure upon the cells is withdrawn. Only time will tell which cells are permanently and which temporarily damaged. On this account the stages of the disease have been divided into three—acute, convalescent, and chronic—and the treatment varies accordingly.

(Part II follows next month)

About 'Enriched' Flour — and Bread

Housewives Urged To Ask Grocers For "Enriched" Flour And Bread to Increase Family's Intake Of Vitamins And Minerals

"Ask your grocer for enriched flour", is the admonition of the Nutritionists of America to the Housewives of America.

"Why?", asks Mrs. Housewife.

Because about 40% of the Americans eat a faulty diet. Thousands of people in this country are dangerously low in the matter of a diet sufficient to maintain good health. They are not getting diets that will keep them in passing good health, to say nothing of maximum health.

It is discouraging that this situation should exist at a time when so much is known about health and food that we could undoubtedly produce a superior race of people if we would just put our knowledge into every day practice. It is even more discouraging to learn that lack of funds is not always the cause of faulty diets. Very often it is lack of understanding, on the part of the person responsible for preparing the average family's food, as to just what constitutes a balanced, healthful meal.

The problem seems to be, then, to transfer scientific knowledge from the scientists to the housewives, and to impart that knowledge in such a manner as to make the housewife feel completely responsible for creating a healthier family by properly selecting and preparing their food. She must be so imbued with determination to fulfill this responsibility that she will not consider her job done until she actually sees her family consume, in surroundings conducive to best digestion, the foods she has so carefully selected and prepared.

Certain amounts of Thiamin (Vitamin B_1), iron, nicotinic acid, riboflavin, Vitamin D and calcium are necessary in the daily diet of the average person. Since bread plays such an important part in the diets of most families, the importance of "enriching" it with some or all of these vitamins and minerals can readily be appreciated.

There has been some—in fact considerable—controversy over "enriched" flour. The truth is, the whole grain

from which flour and other grain foods are made contains most of the vitamins and minerals now being restored to them by "enrichment". What has happened to them, then, you say? Again, the truth, paradoxical as it may seem, is that these whole grains have been devitimized and demineralized in the process of milling.

The reason for this devitimization and demineralization is a moot question. Some say it is because the public has demanded snowy white flour, cornmeal and the like. Others insist that whole grain does not keep as well as refined grain.

It matters little now which theory is correct, for the physicians, nutritionists and dieticians of the land have decided the time has come to rectify the situation. The first step in their program seems to be "enriched" flour and bread.

Let us consider for a moment what happens to flour and bread before the miller is permitted to label the sack or wrapper "enriched".

One Food Can't "Do It All"

There is no one perfect food and no one perfect plan for meals. Every food has something to add to health and strength but it takes the right combination of foods to give bodies the nourishment they must have to carry strain and grow in power and joy. Rules for well-balanced meals are simple. If you are not sure what they are, check with the July 1941 HEALTH NOTES, or write your local County Health Unit or the State Board of Health.

The average person will not be able to tell the difference between the white flour they have been using and "enriched" flour. It calls for no change in recipes, whether you use self-rising varieties or add baking powder, soda or sour milk. You are cautioned by nutritionists, however, to go light on the soda, not because it will effect the results of your baking efforts but because an excess may destroy the precious vitamins with which the flour has been so carefully "enriched".

There is only one formula for "enriched" flour. Regardless of price or flour grade, "enriched" flour contains the same vitamins and minerals: at least two vitamins, thiamin (B^1) and nicotinic acid, and one mineral, iron, with possibly certain amounts of two other vitamins, riboflavin and Vitamin D, and two minerals, calcium and phosphorus.

It should be plainly understood that "enriched" flour does not supply more energy, because the added vitamin and mineral contents in no way change the energy value. Neither will it supply a person with all of the vitamins and minerals his body needs unless an excessive amount of bread is eaten. In which case a person would not be able to eat other foods and, therefore, would still have an unbalanced diet.

It should be further understood that "enriched" flour or bread is not a medicine and no curative claims are made for it. Neither is it strictly a Defense measure. It is purely and simply a food and should become the standard for plain flour in America for general consumer trade.

"Enriched" flour should not necessarily be used in place of whole wheat flour. If you prefer white flour just be sure it is stamped with the label "enriched".

In a box included with this article there will be found a Vitamin Table. To make full use of this table, it is

VITAMIN TABLE

THE DIET of the average man should provide these amounts of these vitamins and minerals each day, according to estimates by the Committee on Foods and Nutrition, National Research Council:

Thiamin	2	*milligrams*
Nicotinic Acid	20	"
Iron	12	"
Riboflavin	3	"
Calcium	800	"
Phosphorus		
Vitamin D		

THESE ARE the minimum amounts of vitamins and minerals which the Committee recommends should be in each pound of "enriched" flour and bread:

	(Required) FLOUR		BREAD	
Thiamin	*1.16*	*milligrams*	*1.0*	*milligrams*
Nicotinic Acid	*6.15*	"	*4.0*	"
Iron	*6.15*	"	*4.0*	"
	(Optional)			
*Riboflavin***	*1.23*	"	*0.8*	"
Calcium	*500.00*	"	*300.0*	"
Phosphorus	*500.00*	"		
Vitamin D	*250.00*	I.U.*	*150.00*	*I.U.**

* International Units

** Government proposed standards would make Riboflavin a required ingredient.

necessary to know what other foods besides "enriched" flour contain the vitamins and minerals essential to balanced diets:

Nicotinic acid is contained in lean beef, corned beef, chicken, liver, rabbit, and in lesser amounts in milk, collards, kale, green peas, tomato juice, turnip greens. This acid, by the way, is no kin at all to the nicotine found in tobacco. Nicotinic acid is a vitamin found naturally in wheat and other foods, as indicated.

Thiamin (B_1) is found naturally in whole wheat flour, oatmeal and other whole grain cereals; beans and peas; nuts and lean pork products.

Iron is found in whole wheat flour, rye flour, brown rice, oatmeal, eggs, lean meat, liver, kale, spinach and

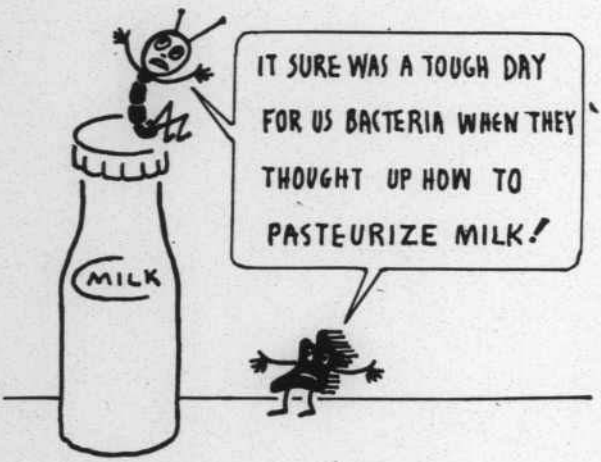
other greens, beans and peas, dried fruits, molasses.

The synthetic, or laboratory-made vitamins added to "enrich" flour do exactly the same job in the diet as those naturally found in many foods. And don't worry about getting too much of either kind. If you must worry, which you shouldn't for your health's sake, confine your worrying to getting enough vitamins and minerals in your diet, and in your family's diet too.

Remember! The Health of America is in the hands of Housewives of America.

Phosphatase Test Guards Pasteurization Of Florida's Milk Supply

EDWIN O. WICKS, DR.P.H.
Assistant Director, Bureau of Laboratories



PASTEURIZATION safeguards a milk supply. There can be no doubt of this fact, for it has been proved to the satisfaction of the most skeptical on many occasions.

Every health officer has ample justification for insisting on the pasteurizing of all milk dispensed in his community. The public is convinced of the value of pasteurization also, as the increasing demand for milk so treated bears witness.

Nearly all housewives understand that pasteurization means the heating and holding of every portion of milk at a temperature of 143°F. for at least 30 minutes or at 160°F. for a minimum of 15 seconds. *It is widely known that such heating destroys disease-producing bacteria which may get into milk.* Of course, it is also required that milk be immediately cooled and bottled so that organisms cannot enter it after the pasteurizing process. *But the mere word "Pasteurized" on a milk bottle cap does not guarantee that the contents are safe.* Because the processing does not alter the taste or change the nutritive value it is nearly impossible for the consumer to be certain that milk or cream is properly pasteurized.

That is where technical skill is required. *There is a chemical test which conclusively shows whether or not milk is properly pasteurized.* The central and branch units of the Bureau of Laboratories all perform this test. In fact, during the past year 732 examinations were run on milk samples to determine whether the pasturizing processes were effective.

Dairymen and producers have welcomed this assistance from the State Board of Health, and sanitarians throughout Florida have come to rely on the five laboratories. The instances of deliberate under-pasteurization or mis-labeling have been rare, but several cases have been discovered in which there was mechanical fault in heating elements, thermometers or clocks. These potentially dangerous situations have been swiftly corrected by the cooperative milk processing plants.

The theory of the pasteurization test is relatively simple, but the technique is somewhat complicated. In all raw milk there is present a chemical compound called *phosphomonoesterase*, or *phosphatase* for short. Phosphatase has an enzymic action: that is, it will hydrolize, or split, solutions containing phenol, setting the phenol free. The hydrolyzing activity of phosphatase is nearly all destroyed by the pasteurizing temperature of 143° F. maintained for 30 minutes, but it is only partially damaged by lower temperatures or shorter time. And, if raw milk which contains phosphatase is inadvertently mixed with pasteurized milk which does not have any active enzyme, the laboratory can detect the addition. There are a number of test methods, but they differ from one another only in minor details which influence the length of time required for the examination or slightly change the reactions. *The technique used is so sensitive it will detect a drop of* 0.7°F. *or undertiming of pasteurization by* 30 *seconds.*

Briefly, the steps in the procedure used by the Bureau of Laboratories are these: 0.5 cc. of the milk sample is added to 5.0 cc. of a solution containing disodium phenyl phosphate. After thorough mixing the test is incubated for ten minutes at about 100°F. Then a few drops of *dibromoquinonechloroimide* are added. At the end of five more minutes the tube is examined for any blue coloration, which is evidence of underpasteurization.

In non-technical language the test is this: a small amount of milk is added to a solution which contains phenol. If phosphatase, which is found only in raw or underpasteurized milk, is present in the sample the phenol will be freed. But a small amount of phenol cannot be seen when mixed with milk. Therefore, to the test is added a chemical which reacts with phenol to produce a distinct blue color which can be easily observed. In other words: blue color, phenol; phenol, phosphatase; phosphatase, milk not properly pasteurized. Conversely: no color, no phenol; no phenol, no phosphatase; no phosphatase, milk properly pasteurized.

The phosphatase test jealously guards the pasteurization of Florida's milk supply.

Safe Milk

1. Proper pasteurization destroys disease-producing bacteria which may get into milk.

2. Pasteurization, properly executed, does not alter taste or change nutritive value of milk.

3. For this reason, it is nearly impossible for the consumer to be certain milk or cream is properly pasteurized.

4. There is a chemical test which conclusively shows whether or not milk is properly pasteurized . . . it is called the phosphatase test.

5. This test is so sensitive it detects undertiming of pasteurization by 30 seconds and even a drop in temperature of less than 1 degree.

6. The Florida State Board of Health Bureau of Laboratories, both the central and four branch units, performs this test.

7. Dairymen and milk producers of Florida have welcomed this assistance from the State Board of Health.

Around —

● "OF UTMOST importance to everyone at a time of great national emergency such as the present when the people may be called upon to undergo more arduous duties than ever before in their lives is the improvement of public health . . . Nowadays anyone hesitates to locate in any community that is remiss or antiquated in its methods of dealing with public health problems."—SANFORD HERALD.

● "LARGE NUMBERS of young men called into service are rejected because of curable defects that unfit them for immediate military duty, or that at least violate the official specifications.

"Seeing the government is committed to a policy of conserving its resources, it would be interesting to learn what resources of a country are more important than its people.

"If a draftee has bad teeth, tonsils, eyes, ears and other ailment that can be remedied, surely the opportunity to fit him for health as well as defense service should be seized and made use of.

"A large part of the objective has been achieved by the medical examination and diagnosis but certainly the work is not ended until treatment is given and the patient's health restored."—ORLANDO SENTINEL.

● "PUBLIC HEALTH WORK, perhaps more than any other governmental function, should be done consistently and completely at all times. Concerted drives are occasionally necessary and valuable, but in such routine matters as the inspection of eating places and food processing plants, the world 'drive' not only suggests that bad conditions are allowed to develop in the intervals between clean-up campaigns but it also sometimes has unwholesome political significance.

"Reports of progress are wanted. They are more reassuring than occasional 'drives', which aren't necessary when dangerous conditions are not allowed to arise.'—TAMPA DAILY TIMES.

● "LET'S BLACK OUT syphilis and gonorrhea! How? By telling the truth about them. Everyone should know the facts about these diseases. Parents should see that their young people know about them. Young men and women want to avoid syphilis and gonorrhea for their own sakes and for the protection of their future families."—WEST ORANGE NEWS, Winter Garden.

the State With Newspaper Editors

● "FLORIDA IS GIVEN the benefit of some highly constructive advertising in the eleventh annual year book of the American Public Health Association, recently off the press.

"In a report on administrative practice submitted to the annual meeting of the association by E. L. Bishop, M.D., chairman, the statement is made that as a result of a follow-up check made in three state studies—Oklahoma, Michigan and Florida—'the results (of the survey, 'The Health Situation in Florida') are perhaps most dramatic in Florida, and this State is to be commended for the sustained interest and efforts of its State-wide Public Health Committee which was organized during the course of the study."

"One of the most favorable results has been the increasing health-consciousness developed in Florida. As a usual thing, reports of this kind have the effect of stimulating immediate enthusiasm, which is soon permitted to die a natural death. But such has not been the fate of the health report.

"Floridians have been aroused as the result of the revelations to an extent that already has brought great benefits to the health of the citizenry, and the program may be said to be just now getting under way."—FLORIDA TIMES-UNION.

● "NOT HEALTHY FOR POLITICS—The positions in the State Health Department and all jobs at its disposal are to be filled according to the merit system, which is in line with the Governor's determination that there shall be no politics in the administration of public health.

"Florida is making progress along the lines of preventing diseases and lifting the people out of the daily exposures that now threaten their health because not enough has been done about it.

"The program costs something, but it saves dollars where it costs dimes and so the financial argument is on the side of more generous health appropriations. There is nothing more important than health.

"With politics kept at a distance the people ought to be all the more willing to see more money spent in keeping them well."
—ORLANDO SENTINEL.

Completeness Of Florida Birth Registrations Has Been Checked

THE importance of being able to prove birth by some legal means is being brought forcibly to the attention of the American public as a result of the present National emergency. The Government does not accept the late Will Roger's amusing theory that if you are walking around it is pretty good proof you were born. They want to know where, when, of whom. And they want legal proof.

Theoretically, registration of births should be 100 percent complete in the State and Nation. Actually, this is not true but the extent to which it is not true is very difficult to determine.

ALTHOUGH various methods have been employed in an attempt to determine the completeness of birth registration, none has been entirely satisfactory. The Government recently decided to try once again, with the idea of formulating some plan for improving the situation.

During the 1940 Census, each enumerator was given a special card upon which he tabulated the results of inquiries as to whether or not a baby had been born in the household visited during a certain four-month period. The cards thus filled out by the Census enumerator have subsequently been checked, both in Washington and the states involved, against births actually recorded in each state's Bureau of Vital Statistics. In this way it was hoped to determine just how great a percentage of births "discovered" by the Census enumerator were not legally recorded.

By making a study of Census cards and the Vital Statistics birth registrations it has been possible to show not only the degree to which registration was not complete but also the exact geographical location of births that were unrecorded. Florida has recently finished such an investigation, made in cooperation with a representative of the U. S. Census Bureau sent here for this specific purpose.

There were 912 cards brought in by Census enumerators in Florida for which birth certificates could not be found in the records of the Bureau of Vital Statistics. A preliminary study of 384 of these 912 cards shows that 228 of the 384 unregistered births had been attended by doctors, 152 by midwives, 4 by others, meaning in most cases no attendant. Of this number, 267 births were white, 117 colored; 49 occurred in hospitals, 335 not in hospitals.

IT is too early to give any final figures on this test but indications are that while registration does not reach completeness in this State, it will be well over 90 percent.

From an analysis of the preliminary study, certain conclusions seem logical. One is that the failure of doctors to report births is not general but is largely confined to a comparatively small group. The same thing may be said to be true with regard to hospitals. There is a comparatively small group of hospitals which fail to exercise due diligence in seeing that the attendants at births make reports. Lastly, it must be regretfully stated that the failure to achieve a higher percentage of registration may be laid about equally at the door of the doctors and midwives.

With the growing importance to each one of us of being able to prove the facts of birth by an official record, it is regrettable that so many

people should be unable to obtain copies of a birth certificate that should have been filed at the time of birth. Not only is each such failure a violation of the law, but it is also a neglect of duty to a child who will most certainly be faced in later life with the necessity of legally proving birth.

Seminar For Negro Physicians

SUBJECTS covering diseases and conditions which cause the highest mortality and morbidity among Negroes will be discussed at the Second Annual Graduate Seminar for Negro Physicians to be held September 2, 3, 4, at Brewster Hospital, Jacksonville. Obstetrics, pediatrics, tuberculosis and venereal diseases are the fields which will be considered, with three lectures and one clinic devoted to each. The more than 80 Negro physicians throughout Florida are being urged to attend.

Obstetrics will be taught by Dr. V. Leon Wilson, one of the outstanding Negro obstetricians. He is a member of the staff of Provident Hospital, Chicago.

Dr. Walter H. Maddux, consultant with the U. S. Children's Bureau, and at this time medical director of the Slossfield Health Center, Birmingham, will teach pediatrics.

Tuberculosis will be handled by Dr. Howard Payne, a prominent private physician recently appointed by the government to be superintendent of the new tuberculosis ward at Freedman's Hospital, Washington, D. C. Dr. Payne is also connected with Howard University, Washington, D. C.

Dr. Theodore K. Lawless, one of the leading syphililogists of the country, will teach the venereal disease subjects. Dr. Lawless is connected with Provident Hospital, Chicago.

The seminar is jointly sponsored by the Florida Tuberculosis and Health Association, the Florida State Board of Health, Florida Medical, Dental and Pharmaceutical Association and Brewster Hospital.

The steering committee is composed of: George H. Starke, M.D., Chairman, Sanford; N. H. Jones, M.D., Ocala; L. H. B. Foote, M.D., Tallahassee; George P. Schanck, M.D., Orlando; S. R. Coleman, M.D., DeLand; I. E. Williams, M.D., Jacksonville, president, Duval Branch Florida Medical, Dental and Pharmaceutical Association.

The subjects to be covered are:

OBSTETRICS—"Puerperal Sepsis"—"Treatment of Some Medical Complications in Pregnancy"—"Treatment of Toxemia".

PEDIATRICS—"Care of the Infant the First Year"—Respiratory Infections in Children"—"Treatment of Diarrhea in Infants and Children".

TUBERCULOSIS—"Early Symptoms—Early Diagnosis"—"Differential Diagnoses from Allied and Sililar Conditions"—"Disposition of Case After Diagnosis is Made"—"Follow-Up and Guidance After Disease Becomes Arrested".

VENEREAL DISEASE—"Interpretation of Sero-Diagnostic Tests for Syphilis"—"Round-Table Discussion on Syphilis"—"Diagnosis and Treatment of Congenital Syphilis".

Are You Off For The Day Week ? Month

Even if you venture no farther than the woods for a picnic lunch, or a swim, there are some very definite precautions which should be taken to protect your health and the health of all others in your party. Among them:

Boil any water you drink — No matter how clear water may be, if it comes from an unprotected source there is possibility of contamination. Water-borne diseases include the diarrheas and typhoid.

Swim in protected areas — Streams, ponds, lakes or rivers not intended for swimming may be and probably are polluted with sewage. Protected areas usually give the further insurance of guards who are on hand to take care of you if your Australian crawl goes wrong.

Wash all raw foods carefully before eating — And give your hands just as good a scrubbing, adding plenty of soap to the water for them!

Protect all food from flies — These insects are notorious carriers of such diseases as typhoid.

Avoid too strenuous exercise and prolonged exposure to hot sun — A human body accustomed to office routine may rebel to the point of becoming ill if it is suddenly subjected to long periods of exercise and sun.

HEALTH NOTES

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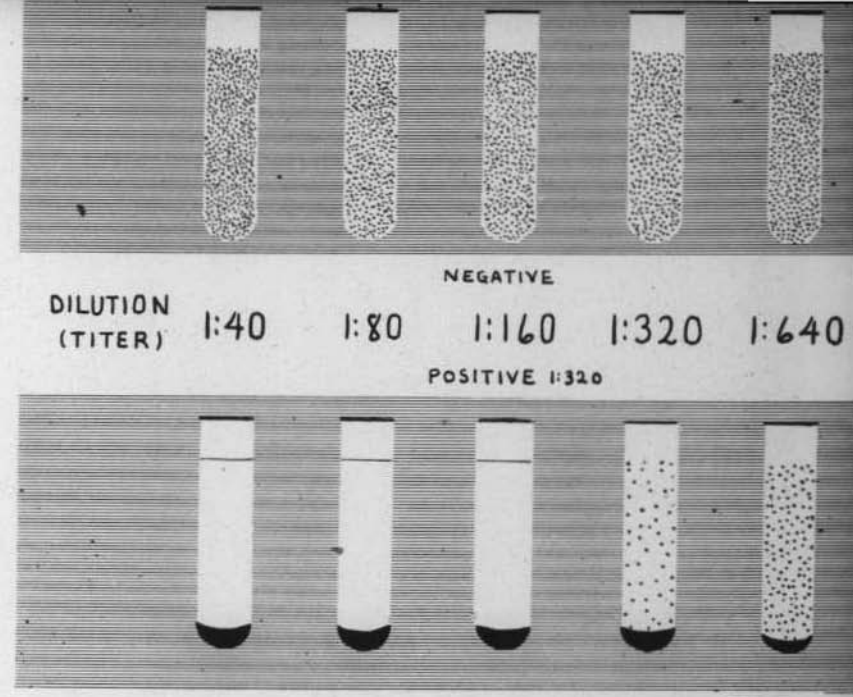


Interpreting the Agglutination Test

J. N. PATTERSON, M.S., M.D.
Director, Bureau of Laboratories
and Assistant State Health Officer

AGGLUTINATION, broadly, is the clumping of particles; or, the adherence of one particle to another until the resulting mass is such that sedimentation or "settling out" occurs in accordance with Stokes' Law. Specifically, agglutination is considered to be the clumping of bacteria under the influence of certain serum constituents called agglutinins.

An agglutinin is an antibody, found in the blood serum, produced by the cells of an animal body in response to adequate immunogenic stimulus by a foreign protein (antigen). Agglutinins react only with the antigens causing their formation or with proteins very similar in chemical nature. Therefore, an antigen can be used to detect the presence of an agglutinin, and vice versa. Agglutinins sometimes persist for years in blood.

An agglutination test is simply a laboratory search for the presence or absence of agglutinins. Nearly all bacterial and viral incitants of dis-

ease cause the production of antibodies, which may act as agglutinins. The proteins which make up the body of the organism or virus serve as antigens. What is more reasonable then, than to use laboratory strains of bacteria to discover whether agglutinins are present in the serum of the person who is ill? If an agglutinin is found it is evidence that the patient is, or has been, in contact with the organism used as antigen; and, inferentially, that the organism is the cause of the illness. Of course, the patient might have been infected years before, and the agglutinins remained in his blood. Or, he might be a carrier, a vaccinated individual, an ambulant case discovered by accident, the recipient of a blood transfusion from an immune donor, or a person who gives an anamnestic reaction.

FOR agglutination tests 5 to 8 cc. of blood are collected by venipuncture. The blood is placed in a small test tube and allowed to clot firmly. The specimen then is sent to the laboratory, where the serum is removed aseptically and the clot saved for culture purposes. Years ago blood serum dried on a glass slide was submitted to laboratories for the Widal agglutination test for typhoid fever. The results with such specimens were so unreliable, however, that the test has been discontinued in Florida as nearly everywhere else.

Nowadays the serum removed from clotted blood is cleared of cells by high speed centrifuging, and diluted with physiologic saline solution in proportions of 1:10, 1:20, 1:40, 1:80, 1:160, 1:320 and so on. Several series of these dilutions are made. Then standardized suspensions of the organisms which cause typhoid fever, the paratyphoid fevers, brucellosis and tularemia are mixed one with each series of the diluted serum. Also employed is an antigen prepared from a special Proteus culture. These organisms are agglutinated by the serum of typhus fever patients. The antigens used are prepared in our central laboratory from bacterial strains obtained from the National Institute of Health. The antigen suspensions are checked by the NIH before they are used and positive and negative controls are set up daily.

The tests are incubated for a number of hours and the results read. If no change takes place in the appearance of the tube a negative report is sent out. But if the antigens have been clumped by the serum and they have settled to the bottom of the tube, the highest dilution (titer) of the serum which gave such results is noted. Naturally a serum which reacts in a 1:1280 dilution is more potent than one which reacts only in a 1:160 proportion. The potency of the serum is a rough index of the immunologic state of the patient. That is, a low titer serum may indicate long past contact with an organism or such recent contact that agglutinins have not fully developed. A high titer might be evidence of active infection or recent vaccination. A titer which successively rises in four or five tests over the space of one to three weeks is nearly conclusive evidence of present infection. Occasionally certain individuals show a high titer agglutinin which is not due to a specific organism but is the result of immunologic shock such as is encountered in the febrile reactions of influenza, sinusitis, colds and any inflammatory process or injections of sterile milk or other foreign protein. This is the anamnestic reaction mentioned earlier. All of these factors must be carefully considered in the light of the patient's history by the physician who is interpreting a laboratory report on agglutination tests.

TWO antigens are used in the test with typhoid organisms. The agglutinin for the "H" antigen is believed

to be most commonly developed as a result of vaccination, and the one for the "O" antigen as the result of past or present infection and possibly the carrier state. An "O" titer which is higher than the "H" titer, therefore, would most probably indicate active infection. A titer of 1:160 or over is nearly diagnostic, while titers of 1:40 or 1:80 which rise on consecutive tests are markedly suspicious. Cross-reactions sometimes occur between the paratyphoid and typhoid antigens, for these bacteria have several proteins in common. It is not unusual to find a serum which reacts with the typhoid antigens in a titer of 1:160, Para A 1:40 and Para B 1:80 or some similar combination. It can generally be proved that the organism agglutinated in the highest titer is the etiologic agent involved.

Titers of 1:160 or over are usually diagnostic when found for undulant fever and tularemia, but the other possibilities cited above must also be remembered. Diagnosis of typhus fever can ordinarily be established when the titer reaches 1:320.

Properly interpreted, an agglutination test run with a reliable antigen is a powerful diagnostic weapon for the physician.

An Eminent Orthopedic Specialist Discusses Infantile Paralysis

Part II

Last month Part I of an article on infantile paralysis by Dr. Armitage Whitman appeared in Florida Health Notes. In it, Dr. Whitman stressed the following: (1) Paralysis is not usually one of the earlier symptoms of poliomyletis (infantile paralysis) and sometimes never develops. (2) Diagnosis is extremely difficult to make in early stages of the disease, therefore a medical doctor should be called at once if a child or other person shows tendencies of persistent fever, headache, drowsiness, stiffness of the neck, soreness and tenderness of the limbs, nausea, vomiting, loss of appetite. (3) Mothers of stricken children who martyrize themselves and the patient, do more harm than good. (4) The three stages of the disease are acute, convalescent and chronic. (5) The convalescent period is most tedious because it is prolonged. (6) The future health and happiness of the patient depends upon patience and strict adherence to doctor's orders during the entire course of the disease. (7) Many cases of infantile paralysis require the affected members of the body to remain in a plaster cast for at least six months.

By **ARMITAGE WHITMAN, M.D.**

WHEN the six months' period is up, provided you and the doctor have been able so long to curb your impatience to see how much recovery is taking place, the plaster is removed.

From the standpoint of treatment this is the most perplexing stage. Most orthopedic surgeons have agreed to set two years as the time of potential recovery and feel that, except for the correction of deformity, no operative treatment should be undertaken during that period. The first essential is the prevention of deformity.

Deformity may occur by (1) the force of gravity (2) unopposed action of the active muscles; (3) habitual posture; and (4) by functional use.

Dr. Armitage Whitman, eminent orthopedic surgeon of New York, has given permission to the Florida State Board of Health for reproduction of excerpts on infantile paralysis from his book, "From Head to Foot" (Farrar and Rinehart, Inc., New York City, Copyright 1939 by Armitage Whitman). A short abstract of Part I, which appeared in the August issue, is given at the beginning of Part II, which appears this month.

Dr. Whitman is professor of orthopedics at Columbia University and consulting orthopedic surgeon at New York Hospital for the Ruptured and Crippled. He is the son of the late Dr. Royal Whitman, also an outstanding orthopedic surgeon.

The commonest example of the first is toe-drop, technically known as equinus deformity. This is caused by the attitude of the foot as the patient lies on his back in bed, plus the weight of the bedclothes. You will be sure to see that there is a cradle or box put over the feet to prevent this.

Habitual posture, as when a patient sits up, is in itself sufficient to cause contractions at the hips and knees. Functional use as a cause of deformity may be seen when a patient, with weakened back or abdominal muscles, is allowed to sit unsupported and develops curvature of the spine. *All these factors must constantly be kept in mind, and deformities thus prevented rather than cured.*

The form of apparatus that is used for the purpose will naturally vary according to the training and taste of a particular surgeon, and according to the facilities at his command. They will probably be either braces or removable plaster of Paris splints, but the object of all of them is the same, prevention of deformity and protection against the force of gravity.

WE have now arrived at the controversial phase of the disease. What is to be done during the two-year period that we have agreed to regard as that of potential recovery? Shall the patient have massage, muscle training, water-borne exercises in a pool, various forms of electricity, chiropractic or osteopathy?

I think the best thing to do is to fall back upon the nature of the disease process itself. We have made a detailed muscular examination of the patient. As a result of it we know that certain muscles are completely, others partly, paralyzed. We can by no means, thus far devised, affect the diseased area in the spinal cord that is the root of all the trouble. Ill-advised activity will only there prolong the inflammation.

We have protected the remaining muscles by appropriate apparatus against the harmful effects of deformity and overfatigue. We know that when paralyzed muscles are completely neglected they waste away, become stiff and lose their tone.

Although no man by taking thought can add a cubit to his stature, we know that by appropriate exercises we can increase the size of a given muscle. I don't suppose a boy lives who hasn't, at some time or other stood before a mirror and admired the bulges of his biceps. Many of us have bought dumbells and slaved away with them until by patient exercise we may have added an inch, or perhaps two or three, to the circumference of our biceps. Suppose, therefore, that one half of our biceps muscle was paralyzed, we might by careful, persistent exercise, build up the remaining half until it could do the work of the whole. That is the simple theory upon which

the very complicated machinery of muscle training has been set up.

Water-borne exercises are certainly the most logical form of treatment. There is a bathtub in most homes. This may be filled with water at 85-90 degrees, a little salt put in the water to increase its buoyancy, and the child placed in the water and allowed spontaneously to move his limbs. If the doctor will then observe him carefully, he can, without any particularly expert knowledge on his part, devise exercises for the affected muscles. That is all there is to the principle.

IN the early stages of the disease, electricity is dangerous. The only form of electricity that has been proved of any value is a form of current, such as the Bristow coil, which produces actual muscular contraction. Unless in the hands of a real expert, who knows how to stimulate one affected muscle at a time, there is great likelihood that all the muscles of an extremity may be stimulated at once, thereby cultivating the strong at the expense of the weak.

We now come to the third stage of the disease. We assume that every legitimate form of treatment has been tried, that a certain amount of improvement has been gained, but it is agreed by all, including the patient himself, that he has come to a standstill.

(Continued on next page)

Disapproves Closing of Schools

The Florida State Board of Health does not recommend postponing the opening of schools because of the presence in the state of cases of infantile paralysis. Experience has shown that communicable diseases can be much more effectively controlled by keeping schools open because such a procedure affords greater opportunity to keep a close check on children.

Daily observation by teachers of all students under his or her charge makes it possible at the first symptom of a suspicious nature to immediately isolate the child and permit proper control measures to be instituted by the public health authorities and the private physician. If children are permitted to run at large there is little or no opportunity for early discovery and isolation of cases.

This procedure is in line with the policies of the Florida School Health Program, jointly formulated by the State Department of Education, the Child Health Committee of the Florida Medical Association and the Florida State Board of Health. It represents the most modern public health practice.

Dr. Harry B. Smith, epidemiologist of the Florida State Board of Health releases the following record of cases of poliomyelitis reported to public health authorities by Florida physicians from January 1, 1941 to August 16.

Alachua	15	**Lake**	3
Bay	2	**Leon**	2
Broward	2	**Levy**	3
Citrus	1	**Manatee**	1
Clay	3	**Monroe**	1
Columbia	1	**Nassau**	2
Dade	44	**Orange**	1
Duval	38	**Palm Beach**	2
Escambia	42	**Polk**	1
Gadsden	1	**Putnam**	1
Glades	1	**St. Johns**	1
Hillsborough	5	**Seminole**	1
Holmes	1	**Volusia**	7
Lafayette	1		
		TOTAL	182

If possible, before coming to this conclusion, you should have tried every form of treatment at your command. I assume because you have read the preceding pages, you therefore have an understanding of the nature of the disease, and you will be able to distinguish between treatments that have some rational foundation and the vicious quack remedies that make such a powerful appeal to wishful thinking.

I must emphasize the great distinction that must always be kept in mind between the muscles of the arms and legs, in their function, and in their treatment. The function of the lower extremities is to bear weight, and any muscle to be an efficient aid to locomotion must very nearly approximate its normal strength. After various operations on the foot, for example, we frequently see return of power to the muscles of the toes. This gives the patient the greatest encouragement, but from the practical standpoint is of no use whatever. Indeed it may be harmful, as such muscles may, being unopposed, have just enough power to produce deformity. In the upper extremity, however, the situation is quite different, as the slightest degree of power in the fingers or thumb may make a useless into a useful hand.

THIS fact was powerfully impressed on me by a classmate at college, who had had the misfortune to suffer practically complete paralysis of his right upper extremity. I had not seen him for some time, but when his eye fell on me, as we encountered each other in the club, his face glowed with satisfaction.

"I want to tell you," he said, "about the wonderful masseur I found this winter. He's only been working on me once a day for six months, but already he's practically made me over, See." And he showed me his right thumb. He could bring it about halfway toward his little finger. It didn't look like much to me and I am afraid I said so. "What difference does it make?" I asked. "What difference?" he retorted. "I can hold a piece of bread in that hand now, and butter it. I can hold a box of matches and strike a match. What difference, indeed!"

The principles of operative treatment are to make effective use of whatever muscular power remains, and by various stiffening operations to substitute stiff but trustworthy for movable but unstable joints. Forty years ago this end could only be accomplished by the use of braces. Today, however, operations have almost completely displaced braces and internal splinting has been substituted for external.

In the shoulder it rarely happens that all the muscles attached to the

FALL MEETI

Seminar for Negro Physicians
Southern Tuberculosis Association
National Safety Council
Conference of State Sanitary Engineers
Conference of State Laboratory Directors
American Public Health Association
American Dietetic Association
Florida State Nurses Association
Florida Congress of Parents and Teachers
Florida Public Health Association
Florida State Dental Society

shoulder blade are paralyzed. The shoulder joint may be abolished and stiffened in such a position that the arm moves with the shoulder, so that the hand may be brought to the mouth, for example, instead of dangling uselessly at the end of a paralyzed forearm. For the same purpose the forearm may be suspended at a right angle on the arm. Various muscle transplantations may give a useful degree of motion to the thumb.

ING DATES

Jacksonville	September 2-4
Asheville	September 15-17
Chicago	October 6-10
Atlantic City	October 13
Atlantic City	October 13
Atlantic City	October 14-17
St. Louis	October 20-23
Hollywood, Fla.	November 2-5
Tampa	November 5-6
Orlando	December 4-6
Hollywood, Fla.	December 8-10

PARALYSIS affecting either the muscles of the abdomen or back will, of course, result in curvature of the spine. The spine may be likened to the mast of a ship, supported by four stays, one in front, one behind, and one on each side. If any or all of the stays are removed not only does the mast become unstable of itself, but it is constantly subjected to the pull of what stay or stays remain, so that deformity is inevitable. The only means of preventing it is by the wearing of a plaster jacket, brace, or corset, which is naturally cumbersome and uncomfortable.

One of the greatest advances of modern surgery was the development of the so-called fusion operation on the spine by the late Dr. Russell Hibbs, and the bone graft operation by Dr. Albee. By either one of these operations, or by a combination of the two, the entire spine, if necessary, may now be made stiff, so that it is supported from within, instead of being braced from without.

Deformities affecting the lower extremities are flexion contractions of the hips and knees, knock-knees, and every possible variety of deformity of the foot. These may all be relieved by fairly well-standardized operative procedures.

It is the practice in some clinics to stiffen the knees in cases of so-called dangle or flail extremities. The object is to relieve patients of their braces. I have never performed the operation without previously making the patient live with his limb in plaster for a month or so to see what life with a stiff knee would be. As a result I have performed the operation for that particular disability twice in all my experience.

The points that I wish to make are these. You are to distinguish between the three sharply differentiated phases of the disease, and to have a reasonably clear idea of what you may hope treatment to accomplish in each phase. If you keep the nature of the disease clearly in mind, that it is a disease of the cells in the spinal cord that transmit the impulse from the brain to the nerves that carry the impulses outward to the muscles, you are not likely to become confused over the claims of different forms of treatment.

(Concluded on page 131)

Preliminary Study Of Florida Malaria Statistics Analyzed By New Bureau

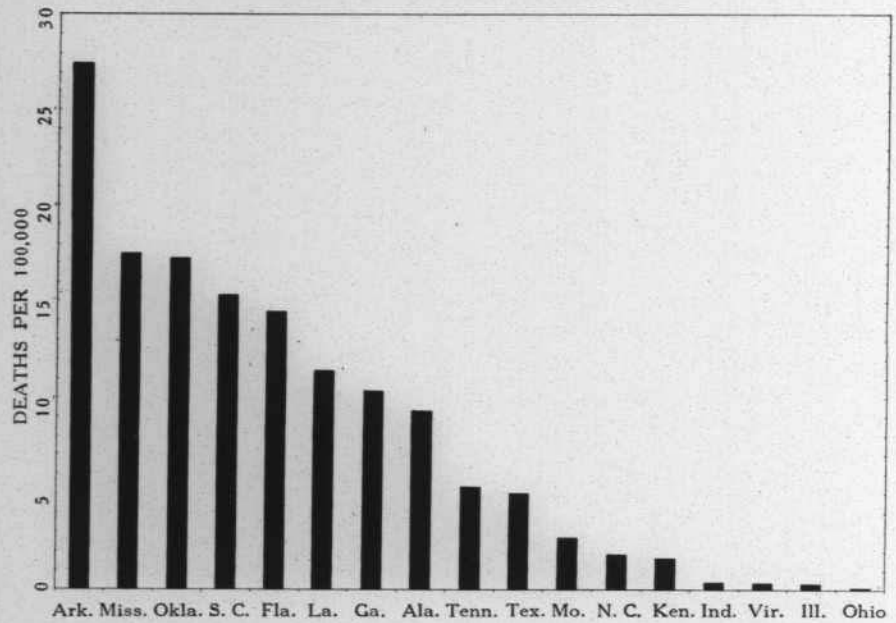
AS announced in Health Notes for July, a Bureau of Malaria has been established in the State Board of Health and is now beginning to function. The Escambia County demonstration has served its purpose in showing a receptive directorate of the State Board of Health that a malaria bureau was necessary inside the state organization to answer the needs of those communities suffering from the disease as well as to investigate, in a scientific manner, the economic aspects of the disease as it affects Florida.

The Escambia County Malaria Department is functioning and will continue to function under a full-time engineer and with the continued cooperation of the Rockefeller Foundation and the State Board of Health and under the active supervision of the Malaria Bureau.

The first step toward the sound orientation of any department, engaged in a new activity, is to capitalize on available facts by invading the recorded history and learning what has happened in the past.

Dr. John E. Elmendorf, Jr., Director, reports that his department is now collecting all the data which can be secured relative to the incidence of the disease as recorded through the statistics of the number of malaria deaths by counties, which have been reported from Florida. It is readily admitted that reports of deaths or mortality statistics are only as good as

DEATH RATE OF MALARIA PER 100,000 IN REPRESENTATIVE SOUTHERN STATES
AVERAGE TEN YEAR PERIOD 1930-39



the original diagnosis and only as complete as the efficiency of the system of notification. However, mortality statistics tend to represent at least the relative importance of a disease to communities, especially when taken over long periods and when the disease is as well known to the afflicted localities as is malaria.

A chart is herewith presented showing the relative importance of the disease to certain states where malaria is known to exist and where in many instances it reaches the stage of an economic problem.

According to the mortality statistics* here shown, Florida is found to harbor the disease to an extent which outranks Louisiana, Georgia, Alabama, and Texas in death rates and in many of its counties, these rates have reached a level well over 100 per 100,000.

In a ten-year period from 1930 to 1939, 2749 persons were reported to have died of malaria in Florida or an average of 274.9 per year. How many more died than this recorded number is a problem which involves the accuracy of reporting of malaria deaths. Scientific precaution contraindicates an estimate of the persons sick from malaria over this same period and calculated on the basis of these deaths but the number would reach proportions which could well represent an economic handicap for the state and a devastating problem for the individual counties.

Entomological studies of the new bureau are already in progress. Mosquitoes from areas under study must be captured while they are alive and "on the wing". This situation exists to the highest degree only during the late Spring, throughout the summer, and in the very early Fall. Following the intent of the bureau to make routine studies, both entomological and clinical, at the appropriate seasons, studies have already been made in certain counties selected because of the interest of the local health service or because malaria has been known to occur in these localities. Among the counties which have already been investigated from the entomological side are Citrus, Taylor, and Madison. This work will continue through the summer months.

As the clinical survey is best made through examinations in the schools, these investigations will be started as soon as the schools have been opened and after suitable arrangements have been made with the school authorities.

The Bureau of Malaria has been formed to assist the populace in these districts where malaria exists. It is hoped that the populace will extend their welcome, cooperation and assistance to the malaria department.

*The data herein presented are based on unpublished reports available to the Bureau of Malaria and originally submitted by the various states mentioned.

(Continued from page 129)

In favorable cases surgery may entirely mask the effects of the disease. In the worse cases it may enable the patient to discard apparatus. In the worst cases it may hold out the possibility of independent locomotion.

You should know, and you should tell your friends, that *only a small proportion of patients who contract anterior poliomyelitis are paralyzed at all.* Of those paralyzed, a large proportion get completely well. Of those who do not, the ones who are faithful and systematic in following the doctor's orders over long periods of time may be greatly improved. Owing to the replacement of braces by surgery, only a very small number need expect to look, feel, or act like a cripple. Even those severely handicapped may be pleasantly surprised in later life to find that a handicap may have its compensations.

Study Shows Dental Service At State Hospital On Par With Best In Country

DENTAL services at the Florida State Hospital for the insane at Chattahoochee is on a par with that of most state operated hospitals, according to a study of A. F. Douglas, D.D.S., of Chattahoochee, who bases his conclusions on data gathered from all sections of the country.

Dr. Douglas concludes from his study that:

Few state hospitals for the insane have evolved an adequate program of dental care for patients, with sufficient personnel or equipment.

While the ratio of dentists to hospital population is about the same as to population at large, mental patients require greater ratio of personnel and service because they usually are underprivileged, are guilty of gross dental neglect and are diseased.

Because of these mental and physical handicaps, they require more sittings.

Dental treatment should be an integral part of the general health service.

Employees should receive treatment to keep them free of mouth disease and to provide replacements, at fees based on material costs.

Complete dental service and resident personnel should provide also for dental internships.

Such complete service is possible in state institutions and has justified itself by the physical and mental health of patients.

It has taken some fifteen years to develop the dental service at Chattahoochee to its present state. Although there is still room for much expansion, "it should be heartening to Floridians to learn the progress that has been made," says the Pensacola Journal editorially.

The patient population is now at 4,729, Dr. Douglas reported at the time of this study. The dental staff consists of a chief dentist, three assistant dentists, two dental technicians, five dental assistants, record clerk, stenographer, maids and porter. "In physical aspect and equipment, the clinic is unsurpassed by anything of like nature in the country." It occupies a building of its own and functions as a distinct and separate unit of the institution.

There are five general operating rooms, one of which contains an X-ray machine, a sterilizing room, and two reception rooms for white patients and employees; one operating room, sterilizing room and reception room for colored patients and employees, surgical unit composed of operating room, sterilizing room, linen room and recovery room; complete equipped laboratory, dressing rooms and locker rooms for men and women personnel; record clerk and stenographer's office; library containing 200 dental volumes and all current scientific periodicals.

All in-coming patients are examined within one week, oral disease eliminated and the "patient brought to dental efficiency considerably higher than common among the public generally." Periodic re-examinations are provided.

Dr. Douglas reports that an average year's work includes: 1,200 examinations; 6,000 re-examinations; 25,000 operations; 22,000 sittings; 5,000 extractions; 4,000 fillings and inlays; 800 dentures, full and partial; 350 pieces of fixed and removable bridge work; 1,500 roentgenographic examinations; 5,000 prophylaxes.

Florida Man On Committee

DAVID B. LEE, director of the Bureau of Sanitary Engineering, State Board of Health, has been appointed Chairman of the Committee on Mosquito Control, Conference of State Sanitary Engineers. The Conference is an affiliate of and meets annually with the American Public Health Association. It is composed of the directors of the bureaus of sanitary engineering of state health departments throughout the United States.

In a letter informing Mr. Lee of his appointment, H. N. Old, secretary-treasurer of the Conference, said, "with the extremely favorable background of your experience in public health work in Florida and your several years on the Escambia County Malaria Control Demonstration study being conducted by the Rockefeller Foundation, I am sure the Conference would be quite fortunate in having you as the chairman of the Committee on Mosquito Control."

Among the other members of the committee are J. A. LaPrince of the U. S. Public Health Service, Washington, D. C.; L. M. Clarkson of Georgia and John H. O'Neill of Louisiana. The committee is completed with representation from Massachusetts and Texas.

Farmers to Promote Health

PROMPT and adequate measures for alleviating serious health and nutritional problems in Florida have been advocated by the State Land Use Planning Committee, according to Dr. Wilmon Newell, provost for agriculture in the University of Florida and committee chairman.

Florida's major health problems, the committee of farm representatives and agricultural leaders found, are malaria, hookworm, venereal diseases, tuberculosis, maternal and infant mortality, and, to a lesser degree, diarrhea and enteritis, and pellagara.

Studies by Vanderbilt University in cooperation with the State Board of Health and the Rockefeller Foundation have indicated that 186,000 persons in rural sections of Florida have hookworm. Florida's malaria cases have been estimated at more than 100,000. The maternal and infant death rates, the committee revealed in the report, are much higher than the average for the United States.

Extension of county health units, particularly to counties in military defense areas, was strongly recommended by the committee to cope with the health problem, Dr. Newell explained. The county health unit's basic program includes diagnosis of indigents, eradication of mosquito breeding places, consultation service to private

physicians for communicable disease cases, distribution to private physicians of drugs provided by the State Board of Health, examination of school children, prenatal and postnatal conferences with indigents, and other duties and services.

Numerous cases of malnutrition as shown by carious teeth, underweight, anemia, conjunctivits, and other abnormal conditions have been revealed in studies during the past few years, the committee pointed out. Educational work to show how these conditions may be avoided, corrected, or arrested by proper diet, with physicians, home economics, health nurses, research workers, and others cooperating, was recommended by the committee. The committee asked the full cooperation of the Florida press and radio in this educational program.

Self-Styled "Doctors" Arrested

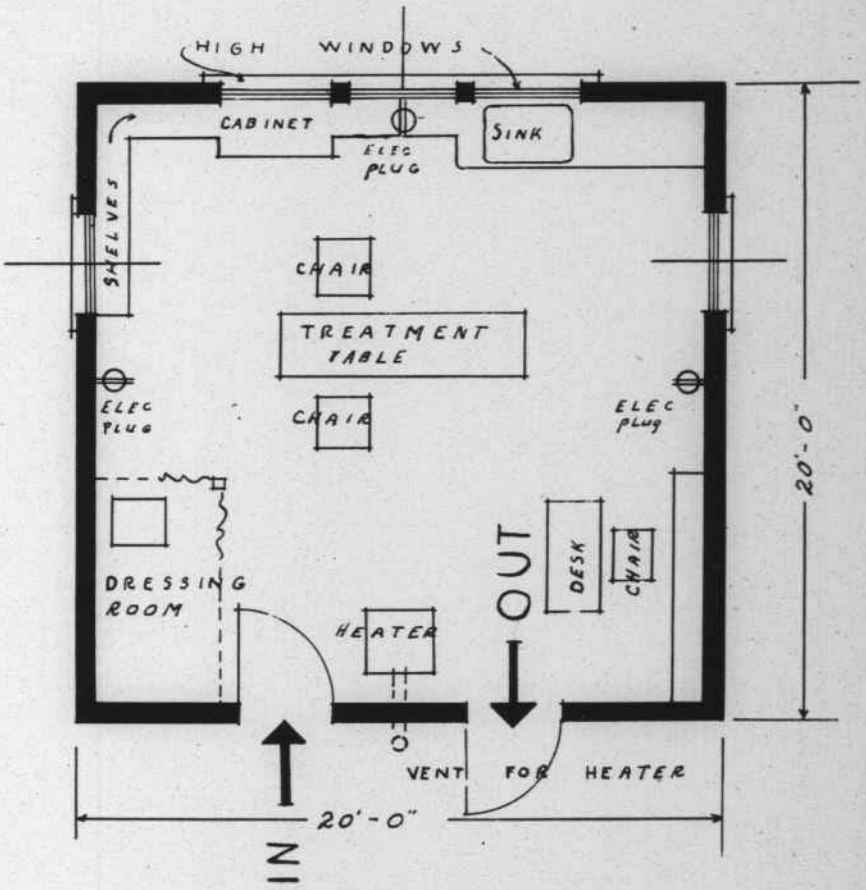
TWO more arrests of persons practicing medicine without license and violating the State Narcotic Law are announced by the Bureau of Narcotics, State Board of Health. One is H. C. Tucker, alias Dr. Tucker, arrested at Sarasota, Florida for practicing medicine without a license. Mr. Tucker operated the Royal Palm Clinic. He is said to have gone to Sarasota from New Port Richey where he was engaged in the second-hand furniture business. In default of a $2000 bond Mr. Tucker was remanded to the County jail to await trial. His clinic was padlocked.

Jeff Anderson, colored, alias Tayla Andersae, alias Dr. Jeffery, was sentenced in July by Judge George William Jackson to serve three years in the state penitentiary for violation of the narcotic law. He was arrested a month prior to sentence at Crescent City, Florida following an investigation of seven months.

State Merit System Praised

"As a further means of taking state public health out of politics, which has progressed considerably under the administration of Governor Holland and Dr. William H. Pickett, state health officer, the State Board of Health and the Crippled Children's Commission have adopted a merit system, which they are putting into effect.

"Too often in the past, the State Board of Health has been compelled to attempt to perform highly technical work with incompetent and untrained political appointees. The merit system banishes such practices and bids fair to increase tremendously the benefits to be derived from the money spent on public health by obtaining trained personnel." — PENSACOLA NEWS, July 26, 1941.



NEGRO HEALTH CENTER

Erecting Health Center

A GROUP of Jacksonville Negroes have become so interested in public health that they are raising money to build a Health Center of their own. It will be operated by the Duval County Health Unit but both the lot and the building are being supplied by the Negroes.

To finance the project, a Negro leader named Cliff Johnson has staged fish fries, auctions, and other money-raising functions. The lot, located on the Old St. Augustine Road, is 75% paid for. If future fish fries and auctions are as well patronized as those thus far held the Center should be in operation by January 1, 1942.

Plans for the Center were donated by a public-spirited white citizen and equipment will be furnished by another white benefactor who is impressed with the determination of this group of Negroes to help themselves rather than wait for someone else to do the job for them.

HEAT TIPS

Drink. . . plenty of water to which a little salt has been added to replace chemicals lost by the body through perspiration.

Physicians' directions should be followed explicitly by persons engaged in strenuous physical work.

Eat . . . . A well-balanced diet is paramount at all times but it is particularly vital to good health in hot weather. Generally speaking, heavy foods should be avoided, and an abundance of fresh fruits, vegetables, lean meat and pasteurized milk should be eaten.

Rest . . . Adequate rest has a direct bearing on the ability of the body to withstand heat . . . . 7 to 9 hours sleep every night is essential.

HEALTH NOTES

FLORIDA

Are you pulling your weight in the National Defense Boat? . .

Pulling strength is increased by the right foods . . . . . .

- PASTEURIZED MILK
- GREEN VEGETABLES
- FRUITS
- EGGS
- LEAN MEAT
- BUTTER
- POULTRY, FISH
- ENRICHED BREAD
- WHOLE GRAIN CEREALS

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Florida Embarks Upon Program To Control Typhoid Carriers

HARRY B. SMITH, M.D., M.P.H.
Director, Bureau Epidemiology

Apparently Well Persons May Harbor Typhoid Germs And Transmit Disease To Others . . . State Board of Health Sets Up File Of All Known Carriers In Florida

IT IS stated by good authority that two to four per cent of all persons who recover from typhoid fever continue to harbor typhoid germs within their bodies permanently. Such persons are known as typhoid carriers. Persons who remain carriers following an attack of typhoid fever harbor the germs of the disease either in the gall-bladder, the biliary ducts, or in the intestinal or urinary tract. For unknown reasons many typhoid carriers do not discharge the germs every day but may discharge them one day and then fail to discharge them for a period of several days only to discharge them again at some later date. This intermittency of excretion of organisms which sometimes characterizes a typhoid carrier makes his discovery all the more difficult and unless he has caused several infections and unless the circumstances surrounding each are such that the facts can be correlated and a chain of evidence built up pointing toward the carrier as the source of the infection, he usually goes undetected.

It is often difficult to convince the layman that a person who is well, has no symptoms of illness and is engaged in a productive occupation, harbors in his body living germs of typhoid fever which he may from time to time pass on to those with whom he comes in contact and cause them to become the victims of so serious a malady as typhoid fever.

How Carriers Spread Infection

Typhoid fever is an acute generalized infection caused by the typhoid bacillus. The infection is contracted through the ingestion of food or drink contaminated by the bowel or bladder discharges of a "missed" or recognized case of typhoid fever or a typhoid carrier. The portal of entry of the typhoid bacillus, except in rare instances, is through the mouth.

Private Physicians' Aid Asked

Private physicians and county health officers will play an important role in the typhoid carrier control program being inaugurated by the Florida State Board of Health. In the accompanying article outlining the procedure of the new undertaking, the Director of the Bureau of Epidemiology explains the function of both the private physician and the county health officer in this program.

No case of typhoid should be released from isolation until a minimum of two specimens of both feces and urine taken at intervals of at least 24 hours are examined bacteriologically and found to be free from typhoid bacilli. The new Sanitary Code, which will be ready for distribution at an early date, requires the county health officer to visit all typhoid carriers within his jurisdiction at quarterly intervals and make reports of such visits to the State Board of Health.

Obviously, if typhoid germs have to be swallowed to produce typhoid fever, it is at once apparent that food and drink are the most common vehicles for conveying the infection. Therefore, to be a real menace to others the carrier must be engaged in an occupation involving the handling of food or drink intended for the consumption of others.

The ability of the typhoid carrier to convey infection through the medium of food or drink which he handles is dependent upon several factors which must act in combination before infection can take place. These factors include: (a) intermittency of excretion of the organisms, (b) interval of time elapsing from the time the organisms are excreted and soil the carriers hands to the time the carrier handles food, (c) the cleanliness of the carrier in his personal habits, (d) the character of the food handled and the intimacy with which the carrier's hands come in contact with food.

Intermittance of Positive Reactions

It is a well known fact that specimens collected from a carrier on one day may prove negative upon examination, while specimens collected on subsequent days may prove positive. In some instances specimens collected from carriers under conditions which do not permit of substitution have been examined daily for many days without the organisms being found. This intermittency of excretion of the organisms has an important bearing upon the carrier's ability to transmit his infection to others. The carrier cannot infect the food he handles during the interval when he is not discharging the organisms from his body.

Moreover, if an interval of several hours elapses between the time the carrier contaminates his hands with the infectious discharges and the time his hands subsequently come in contact with food, the chances of depositing living organisms on the food are greatly diminished, because the organisms are dependent upon moisture for their survival.

The typhoid carrier who is very clean in his personal habits and is careful to wash his hands thoroughly and regularly with plenty of soap and water each time after using the toilet likewise considerably diminishes his chances of infecting others. Quite frequently typhoid carriers are discovered who have acted in the capacity of food handlers in ignorance of their carrier state for many years with relatively few infections attributable to them. Subsequent investigation of these carriers revealed in each instance that they were persons noted for their neatness and for keeping everything around them very clean.

The carrier who acts in the capacity of cook comes in intimate contact with food and much of the food he handles is served in the raw state or is subjected to insufficient heat to kill the typhoid organisms. Many outbreaks of typhoid fever have been traced to such foods, particularly is this true of salads, picnic lunches, and articles of food which were infected before cooking and not subjected to sufficient heat to kill the organisms or were infected after the cooking process had been completed and were consumed without subjection to further heat.

Physician's Part in Control

The private physician can play a most important part in Florida's typhoid carrier control program by seeing that no case of typhoid fever under his care is released from isolation until a minimum of two specimens of both feces and urine taken at intervals of at least twenty-four hours are examined bacteriologically and found to be free from typhoid bacilli. Free laboratory service is of-

—Courtesy American Social Hygiene Association

fered by the State Board of Health and specimen containers are furnished to physicians requesting them. If this procedure were followed by private physicians in all instances and the occasional case of typhoid fever which continues to discharge typhoid bacilli were reported to health authorities for instruction and supervision, the health of the public would not be jeopardized by unknown typhoid carriers who roam at will.

Typhoid carriers are a public health menace if they act in the capacity of food handlers. It is the responsibility of health authorities to supervise typhoid carriers and see that all such carriers are kept out of the food handling occupations.

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Consumers Warned Against Buying Shellfish From Unlicensed Peddlers

DAVID B. LEE, M. S., in S. E.
Director, Bureau Sanitary Engineering

ONE of the functions of the Florida State Board of Health is to see that shellfish offered to the consuming public are safe and wholesome. In order to accomplish this purpose, the Bureau of Sanitary Engineering is entrusted with the sanitary control of production, packing, and distribution of oysters, clams, and scallops.

Regulations governing the gathering, packing, and sale of shellfish are a part of the "Florida State Sanitary Code." Briefly these regulations cover the bacteriological examination of water overlying the beds in which shellfish are growing; condemnation of polluted waters; condition of boats in which shellfish are taken from the beds to the packing house; construction, equipment, and operation of shucking houses; manner of packing, refrigeration, transportation, and control of the condition in which shellfish are kept by the retailers; and

health conditions of all handlers thereof.

Certificates of inspection are issued by the Bureau of Sanitary Engineering of the Florida State Board of Health to approved producers. A certificate or permit is alloted approved shucking houses. All oysters, clams, and scallops produced by certified plants must be packed in containers on which the producer's permit number is permanently affixed.

All approved or certified shellfish-producing plants are inspected not less than once each month by an experienced and competent sanitarian and a report of the condition of each certified plant is rendered to the Florida State Board of Health and to the United States Public Health Service.

IF an inspection shows an insanitary condition existing in any plant in the State and the owner refuses or neglects to correct the conditions as suggested by the State Board of Health sanitarian, the certificate or permit is cancelled and revoked, and until such time as corrections are made, the plant is not allowed to operate.

The object of these shellfish regulations and their enforcement is the prevention of polluted or contaminated shellfish from reaching the consuming public and the resultant prevention of disease from such source.

It has been definitely established by health authorities that contaminated shellfish are responsible for a large number of cases of typhoid fever and other intestinal diseases. During June and July of this year, many cases of typhoid fever were reported from certain areas in eastern Florida. Investigation of the source or origin of the disease fixed the guilt upon contaminated oysters taken from waters which were polluted by sewage and had been condemned by the Bureau of Sanitary Engineering of the State Board of Health.

Certified oyster houses do not gather their product from polluted areas. Their investment and interest in the industry alone would be sufficient cause for strict adherence to all sanitary regulations. The irresponsive "bootlegger," on the other hand, is interested only in the few shekels he can garner from the sale of uncertified products, and he cares not for the disastrous and disease-spreading results of his sale of polluted shellfish.

OYSTERS, clams, and scallops when taken from pure water, packed in a sanitary house and properly refrigerated and dispensed, constitute a food as safe as human ingenuity can produce, but shellfish taken from polluted waters, handled and peddled by unscrupulous persons are an extremely dangerous food product.

If the consuming public would refuse to purchase shellfish from peddlers and "holes-in-the-wall" and would confine their purchases to established and responsible dealers, a long step would be taken toward the distribution of safe and wholesome shellfish.

Unless one is familiar with the sanitary condition of oyster and clam beds, it is a very unwise policy to gather oysters and clams individually for personal use. The increase in sewage contamination of many shellfish-growing areas in recent years has made it necessary for the Bureau of Sanitary Engineering to be constantly on the alert regarding the sanitary conditions of the tidal waters of the State, and new shellfish-producing areas are being condemned from time to time.

To secure good, safe, wholesome shellfish, purchase only certified products from responsible and reliable markets and stores.

The State Board of Health is exerting every effort to protect the public from unscrupulous peddlers and dealers; however, the help of the buying public is needed. If one wilfully buys uncertified shellfish, he is gambling with disease — with the odds overwhelmingly in favor of disease.

Noon-Day Lunch Important Factor In Health Of Growing Children

THE food a child eats today builds the adult of tomorrow. To be strong and healthy, children need nourishing food in sufficient amounts each day. This does not mean expensive foods, but it does mean that the person preparing the food must give a little thought to the job and take time to do a little planning.

Analyze your child's lunch. Does it include these foods each day—

Pasteurized Milk—½ pint or 2 dishes made with milk.

Sandwiches—On enriched bread.

Vegetable—A raw one often.

A hot dish.

Fruit or simple dessert.

Many of the foods used for the family's meals can easily be adapted to the school lunch if the housewife plans ahead. A few suggested menus follow:

Cream of pea soup
Egg salad sandwiches
Raw carrot sticks
Apple

Vegetable soup
Cottage cheese and prune sandwiches
Raw rutabaga strips
Baked custard

Milk
Peanut butter sandwich
Chopped meat sandwich
Stewed tomatoes
Molasses cookies

Milk
Salmon salad sandwiches
Spanish rice
Orange

Cocoa
Chopped raw vegetable sandwich
Meat salad sandwich
Rice and raisin custard
Cookie

The method of carrying lunches to school sometimes presents a problem but it should not. A syrup or lard pail is large enough to hold enough lunch for the child of even above-average appetite. Small air holes may be punched in the top to permit ventilation. Any lunch box, no matter how fancy, should be scoured and scalded and aired well every day.

Other materials necessary for putting up the box lunch include paper napkins, waxed paper, various sized jars with rubbers and screw tops. Milk, cocoa or a cream soup may be carried in a screw top jar or thermos bottle. At school the child should be told to keep the cool things in a cool place. Soups or hot beverages can usually be heated by placing jar in a pan of hot water just before the lunch hour.

BREADS in variety should be used in preparing sandwiches, but all bread should be that which is marked "enriched," or it should be made from "enriched" flour. Bread that is 24 hours old slices more easily. Slices should be cut about 1-3 inch thick. Crusts should be left on. Butter will spread easier if it is creamed. Wrap each sandwich in waxed paper. This may be obtained by saving wrappers from various products.

Sandwich fillings should be as varied as the kinds of bread used. A few suggestions are given below:

EGG—Hard cooked eggs may be sliced or chopped, seasoned and moistened with salad dressing. Chopped lettuce, crisp bacon and green peppers may be added for variety.

CHEESE—Cream or cottage cheese may be combined with chopped dates, prunes, green peppers, marmalade or jelly. American cheese may be sliced or mashed with a fork and thinned down to spread with milk or cream and used plain or with dried fruits, vegetables or sweets.

PEANUT BUTTER—Thin down with cream or salad dressing to spread. Use plain or with lettuce or jelly.

MEAT—Finely chopped beef, veal, pork and chicken may be mixed with

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THE BALANCED DIET

MILK PRODUCTS

EVERY DAY

DAIRY PRODUCTS

milk
pasteurized
sweet
pasteurized
buttermilk
evaporated
cheese
butter
ice cream

ONE QUART A DAY
for every child
ONE PINT for each ADULT

CEREALS

EVERY DAY

BREAD

white
whole whea
rye
graham

CEREALS

oatmeal
whole whe
rice
barley
prepared
cereal

DURING THE DAY INCLUDE

FRUITS

CHOOSE ONE

CITRUS FRUITS

oranges
grapefruit
tangerines
lemons
limes

CHOOSE ONE

OTHER FRUITS

apples
pears
pineapple
peaches
canteloupe
cranberries
bananas
dried fruits
grapes
plums
watermelon

CHOOSE ONE

IS A VARIED DIET

CHOOSE ONE from any group

MEAT

beef
lamb
veal
pork
liver
tongue
heart
kidney

FISH

any kind of fish

POULTRY

any kind of poultry

MEAT SUBSTITUTES

eggs
white
brown
dried vegetables
kidney beans
peas
lentils
cheese

MEATS • FISH • POULTR

SOME OF EACH TYPE OF FOOD

SALAD

tuce
een peppers
lery
matoes
cumbers
dishes
allions

CHOOSE ONE

COOKED VEGETABLES

spinach
cabbage
mustard
asparagus
chard
green peas
string beans
beet tops
turnips
carrots
squash
pumpkin
wax beans
onions

CHOOSE ONE

TUBERS

potatoes
yams
plantains
sweet potatoes

VEGETABLES

Splenic Survey Being Made To Determine Extent Of Malaria

JOHN E. ELMENDORF, JR., M. D.
Director, Bureau of Malaria Control

THE Bureau of Malaria Control inaugurated its field studies the latter part of September and began its clinical investigation to collect the necessary data for orientation of a state-wide malaria control program. There is no royal road for securing these facts. A sample of the population must be examined both for splenic enlargement and for malaria parasite in the peripheral blood. Children between the ages of five and twelve especially should be examined as they evidence the major findings of the disease before sufficient immunity has developed to prevent the appearance of these signs.

Malaria can be diagnosed by a variety of physical signs either taken together or at times singly. Malaria parasites in the blood stream, as seen in blood smears, indicate without doubt that the person has malaria. Parasites in blood smears cannot always be demonstrated, even when the patient is suffering from malaria; they are not always present in the peripheral blood in sufficient density to be found in one small drop taken for examination. Other signs of the disease must be studied as well to reveal the presence of the disease.

Malaria Causes Enlarged Spleen

One of the common findings in patients suffering from malaria is an enlarged spleen. The spleen is a glandular organ located up under the ribs on the left-hand side of the abdomen. As in the case of other glandular organs of the body it becomes swollen or enlarged in the presence of certain infections of the body. Malaria is one of the prime causes of splenic enlargement in areas in the United States where malaria exists.

In tropical countries one must exercise care in interpreting splenic enlargement as being due to malaria, since certain known tropical diseases will cause a similar increase in spleen volume. In the Southeast of the United States, splenic enlargement (splenomegaly) can largely be taken as an evidence of the presence of malaria in the person examined, if it is known that an acute disease such as measles does not exist at the time in the locality. Measles can cause temporary splenic enlargement.

Malaria parasites found in the blood indicate an acute infection probably of recent origin, whereas an enlarged spleen is an historical record of the disease. It signifies that the person has or recently has had malaria. It is an evidence of the reaction of the body to an infecting organism and an evidence of an attempt on the part of the body to produce an immunity which will kill out the infecting parasite.

Because blood examinations, when negative, are not an indication of the incidence of malaria in a community, spleens are examined to determine the extent of malaria in a region. An experienced examiner can easily palpate the enlarged spleen through the abdominal wall. Children are examined because they show the manifestation most clearly and because with weaker muscles the examiner may pal-

pate more easily through the abdominal wall.

Other Symptoms Described

Parasites, enlarged spleen, fever, lowered haemoglobin are all signs associated with the disease. Parasites are direct evidence; an enlarged spleen is presumptive evidence, whereas fever and lowered haemoglobin are accompanying signs found.

In all localities where there are distinct changes of season there will be a period of the year when malaria will be found at its highest incidence. This is the period when surveys are usually made. In Florida and the Southeast United States this period is during the months of early fall. It is fortunate for the malariogolist that this period coincides with the opening of schools where all the children from all localities and all strata of society are gathered together. Here the examiner can make his investigations under the most favorable circumstances and can accomplish them quickly. He secures information which portrays the malaria status of the community.

Arrangements have been made with Colin English, State Superintendent of Public Instruction to conduct these examinations in the schools of Florida.

Not all localities where malaria exists in the state can be examined at the same time, as personnel is not sufficient for this. All examinations should be made at the supposed height of the season, during a period of five to six weeks, in order that results from different areas may be comparable.

How Survey Area Is Chosen

Selection of areas to be examined first is based on previous history of the disease, interest of the community in knowing the facts in order to establish control or perhaps is based upon the economic importance of the community to the state. Whatever be the cause for selection of areas, first to be examined, the whole state will be completely covered by systematic surveys.

Sample examinations from Leon, Madison, Taylor, Gadsden, Jackson and Alachua are scheduled for this fall.

The Florida State Board of Health is accentuating this year the execution of works which are indicated and at the same time desired by the officials associated with military bases. Malaria survey and control are specialized phases of medical activity. It naturally follows in this time of emergency that the State Board of Health should place the facilities of the Bureau of Malaria at the disposal of the different camps and bases situated in the state not only for indicated studies related to malaria but also for general mosquito control. At the present time, an entomological survey is being made at the Naval Air Station in Jacksonville; a similar survey in Tallahassee and the environs of the army base situated there, and plans are made for a third study in the Camp Blanding area.

Must "Type" Mosquitoes

An entomological survey is the indispensable essential to all scientific mosquito control. The species of mosquito present, their flight range, their breeding places must all be known before efforts can be made for successful control. Little does it profit the community if an excellent work of controlling house mosquitoes is performed to find that the main annoyance is coming, not from mosquitoes breeding close by, but from the salt marsh variety, breeding, perhaps, ten to twenty miles distant. The control of malaria mosquitoes, the Anopheles, whose practical flight range is rarely, if ever, as much as three miles can indeed be troublesome but not as troublesome as the control of some salt

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Florida Nutrition Committee

The Advisory Committee on Nutrition of the Florida State Defense Council, has begun functioning under the chairmanship of Dr. Margaret R. Sandels, dean of the School of Home Economics, Florida State College for Women. Two meetings have been held, one in Tallahassee, the other in Jacksonville.

Local nutrition committees will be formed throughout the state with representatives from the medical profession, public school system, nutritionists, and other interested persons, lay as well as professional. Publicity materials will be furnished local committees by the state committee, after an analysis of the particular needs of the community has been made. The state committee was informed by Dr. R. C. Hood, director of the Bureau of Maternal and Child Health of the State Board of Health, that he expected to have a well qualified nutritionist attached to his staff in the very near future.

The Florida nutrition committee was formed as a direct result of the National Nutrition Conference for Defense held in Washington the early part of the Summer. This conference was called to discuss the magnitude and seriousness of the nutrition problem in the United States and the urgent need to do something about it.

FLORIDA EMBARKS UPON PROGRAM TO CONTROL TYPHOID CARRIERS

(Continued From Page 141)

A file containing essential data on all known typhoid carriers in Florida has recently been set up in the Bureau of Epidemiology. Regulations for the control of typhoid carriers have been drawn up and incorporated in the new Sanitary Code, which should be ready for distribution in the not too distant future. These regulations require that the health officer visit all typhoid carriers within his jurisdiction at quarterly intervals and render reports of such visits to the State Board of Health on special forms prepared for that purpose. The object of these visits by the health officer is to see that the carrier is residing at the same address and is not handling food or drink intended for the consumption of others.

The typhoid carrier control program embarked upon by the State Board of Health represents pioneer work for Florida and its success depends upon the fullest co-operation between private physicians, the health officers in the field, and the Central Office.

SPLENIC SURVEY BEING MADE

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marsh varieties which can fly as much as twenty-five miles.

The program for the state-wide investigation and control of malaria has been inaugurated. The control of malaria in the future will be within the reach of all districts of Florida. Investigations and control will be scientifically conducted. Funds devoted by localities for actual works of control will be economically administered in accordance with pre-arranged plans and the reasonable and economical method of control applicable to each locality will be chosen after careful study.

All localities can afford and can have malaria control. The method of control will be adapted to the financial resources.

Narcotic Bureau Apprehends Six

Six persons have been apprended within the past month by the Bureau of Narcotics, State Board of Health, on charges of practicing medicine without a license and for violation of the state narcotic law. Two have been sentenced to the state penitentiary at Raiford, three have been fined and two are awaiting trial. The operations of these individuals covered quack cancer treatments, sale of marihuana cigarettes, and general practice of medicine without medical training or a license.

O. C. Peters, alias "Dr. O. C. Peters", Cancer Specialist, Sopchoppy, was arrested and is awaiting trial for using the title "Doctor" in connection with his name and illegal practice.

Frederick R. Stephenson, M.D., Miami, has been sentenced to the state penitentiary for a period of six months for violation of the state narcotic law. The sentence on the second count has been with-held pending the defendant's withdrawal from the state upon expiration of the six-month sentence.

Two other cases involving practice of medicine without a license have been fined in the Escambia County Criminal Court of Record. The defendents were Maggie Austin, Indian, and Walter Owens, Negro, of Olive.

C. A. Darby, Negro, Crestview, was sentenced for the second time in the past four months for practicing medicine without a license. Judge Fabisinski placed the second fine at $200.

Eddie Gonzalez, Ybor City, is serving an 18-months term at the State Penitentiary, Raiford, for sale and possession of marihuana cigarettes. This case has been appealed from one court to another until on August 25th the State Supreme Court up-held the decision of the Criminal Court at Tampa.

NOON DAY LUNCHES

(Continued from Page 143)

chopped crisp vegetables as celery, cabbage or lettuce and moistened with salad dressing. Tender cooked meats as meat loaf or roasts may be sliced thin and used with or without salad dressing.

FRUIT—Dried fruits as peaches, dates, figs, prunes and apricots may be cooked and mashed to a paste with lemon juice, other tart fruit juices or salad dressing. A whole orange may be ground fine and added to the fruit paste. A little peanut butter added to the fruit paste adds flavor and variety.

VEGETABLES — Chopped crisp vegetables (carrots, onion, cabbage and celery) moistened with salad dressing, sliced fresh tomatoes, raw carrots, raisins and peanuts (or peanut butter) ground together and moistened with salad dressing, may be used for sandwich fillings.

RAW vegetables are simpler to plan than most people imagine. Care should be taken to wash the vegetables thoroughly. Sticks may be made from carrots, turnips, green peppers and rutabagas. Celery and raw cabbage may also be used. Raw vegetable salad can be carried in a glass jar. Other raw vegetables should remain crisp if wrapped well in waxed paper.

Simple desserts include occasional dried fruits, such as dates, figs, prunes and raisins. They should be washed and dried off before putting in the lunch. Fruits and baked custard, simple cakes or cookies, and fruit or cereal puddings are also enjoyable.

1940 RESIDENT BIRTHS AND DEATHS

TOTAL RESIDENT BIRTHS, DEATHS AND RATES PER 1,000 POPULATION AND BIRTHS AND DEATHS BY COLOR BY COUNTIES, FLORIDA, 1940.

Bureau of Vital Statistics, State Board of Health, Edward M. L'Engle, M.D., Director

Counties	BIRTHS				DEATHS			
	Total	Rate	White	Colored	Total	Rate	White	Colored
STATE	33,696	17.6	23,805	9,891	21,458	11.2	13,741	7,717
Alachua	763	19.7	414	349	497	12.8	221	276
Baker	117	18.0	84	33	51	7.8	29	22
Bay	482	23.1	396	86	193	9.2	151	42
Bradford	239	27.4	173	66	116	13.3	72	44
Brevard	270	16.6	160	110	189	11.6	109	80
Broward	691	17.0	380	311	378	9.3	232	146
Calhoun	234	28.5	198	36	84	10.2	72	12
Charlotte	43	11.7	38	5	33	9.0	24	9
Citrus	107	18.3	79	28	71	12.1	47	24
Clay	119	18.4	85	34	93	14.4	64	29
Collier	107	20.9	87	20	41	8.0	26	15
Columbia	360	21.3	211	149	214	12.6	101	113
Dade	4,160	15.3	3,183	977	2,550	9.4	1,912	638
DeSoto	151	19.4	121	30	81	10.4	59	22
Dixie	163	23.0	96	67	94	13.3	46	48
Duval	3,535	16.7	2,400	1,135	2,427	11.5	1,336	1,091
Escambia	1,633	21.6	1,281	352	840	11.1	523	317
Flagler	61	20.3	21	40	34	11.3	14	20
Franklin	127	21.2	87	40	53	8.8	26	27
Gadsden (Ex)	553	20.5	185	368	322	11.9	97	225
State Hospital	14	3.1	14	0	321	71.3	174	147
Gilchrist	91	21.4	80	11	37	8.7	28	9
Glades	45	16.4	30	15	14	5.1	7	7
Gulf	160	22.4	113	47	69	9.7	45	24
Hamilton	260	26.6	137	123	122	12.5	59	63
Hardee	201	19.8	187	14	103	10.1	91	12
Hendry	99	18.6	69	30	39	7.3	15	24
Hernando	115	20.4	79	36	68	12.0	42	26
Highlands	192	20.8	145	47	103	11.1	66	37
Hillsborough	3,047	16.8	2,547	500	2,015	11.1	1,467	548
Holmes	316	20.4	299	17	117	7.5	110	7
Indian River	154	17.1	103	51	92	10.2	56	36
Jackson	748	21.7	495	253	359	10.4	196	163
Jefferson	253	21.0	67	186	178	14.8	39	139
Lafayette	96	21.8	91	5	30	6.8	25	5
Lake	504	18.5	356	148	379	13.9	246	133
Lee	348	19.8	277	71	203	11.6	129	74
Leon	654	20.5	284	370	352	11.0	118	234
Levy	298	23.7	200	98	158	12.6	72	86
Liberty	80	21.3	58	22	48	12.8	38	10
Madison	361	22.3	179	182	180	11.1	68	112
Manatee	477	18.2	310	167	268	10.2	179	89
Marion	552	17.7	298	254	430	13.8	184	246
Martin	104	16.4	64	40	70	11.0	47	23
Monroe	230	16.3	168	62	202	14.3	151	51
Nassau	240	22.0	151	89	130	11.9	62	68
Okaloosa	247	19.0	223	24	113	8.7	103	10
Okeechobee	47	15.7	42	5	31	10.3	25	6
Orange	1,132	16.0	847	285	793	11.2	584	209
Osceola	136	13.4	105	31	161	15.9	129	32
Palm Beach	1,156	14.2	697	459	779	9.6	429	350
Pasco	267	18.9	216	51	170	12.0	139	31
Pinellas	1,166	12.5	909	257	1,215	13.0	996	219
Polk	1,696	19.5	1,363	333	929	10.7	729	200
Putnam	330	17.6	214	116	236	12.6	119	117
St. Johns	340	16.9	211	129	271	13.5	145	126
St. Lucie	243	20.2	134	109	135	11.2	85	50
Santa Rosa	334	20.7	300	34	157	9.7	117	40
Sarasota	270	16.6	205	65	193	11.9	131	62
Seminole	373	16.7	185	188	250	11.2	109	141
Sumter	205	18.5	127	78	141	12.7	86	55
Suwannee	411	24.1	252	159	240	14.1	153	87
Taylor	252	21.7	193	59	109	9.4	58	51
Union	136	19.2	106	30	78	11.0	50	28
Volusia	793	14.7	540	253	721	13.4	488	233
Wakulla	110	20.1	52	58	49	9.0	18	31
Walton	260	18.2	224	36	129	9.0	100	29
Washington	238	19.3	180	58	110	8.9	73	37

1940 RECORDED BIRTHS AND DEATHS

TOTAL RECORDED BIRTHS, DEATHS AND RATES PER 1,000 POPULATION AND BIRTHS AND DEATHS BY COLOR BY COUNTIES, FLORIDA, 1940.

Bureau of Vital Statistics, State Board of Health, Edward M. L'Engle, M.D., Director

Counties	BIRTHS Total	Rate	White	Colored	DEATHS Total	Rate	White	Colored
STATE	33,790	17.7	23,850	9,940	22,926	12.0	15,208	7,718
Alachua	825	21.3	479	346	496	12.8	225	271
Baker	102	15.7	69	33	46	7.1	23	23
Bay	509	24.4	418	91	200	9.6	155	45
Bradford	220	25.2	154	66	100	11.5	57	43
Brevard	255	15.7	145	110	196	12.1	121	75
Broward	720	17.7	388	332	421	10.4	276	145
Calhoun	223	27.1	189	34	74	9.0	61	13
Charlotte	34	9.3	29	5	29	7.9	20	9
Citrus	102	17.4	73	29	69	11.8	44	25
Clay	90	13.9	60	30	79	12.2	54	25
Collier	76	14.8	58	18	31	6.1	21	10
Columbia	360	21.3	211	149	345	20.4	190	155
Dade	4,172	15.3	3,198	974	2,954	10.9	2,321	633
DeSoto	173	22.2	142	31	82	10.5	59	23
Dixie	150	21.2	84	66	85	12.0	40	45
Duval	3,644	17.2	2,503	1,141	2,535	12.0	1,443	1,092
Escambia	1,670	22.1	1,314	356	875	11.6	551	324
Flagler	51	17.0	11	40	29	9.6	11	18
Franklin	124	20.7	84	40	45	7.5	20	25
Gadsden (Ex)	572	21.2	203	369	331	12.3	113	218
State Hospital	14	3.1	14	0	321	71.3	174	147
Gilchrist	81	19.0	70	11	29	6.8	22	7
Glades	37	13.5	24	13	11	4.0	6	5
Gulf	142	19.9	96	46	64	9.0	42	22
Hamilton	249	25.5	125	124	109	11.1	50	59
Hardee	194	19.1	180	14	92	9.1	80	12
Hendry	88	16.6	58	30	39	7.3	17	22
Hernando	117	20.7	81	36	65	11.5	42	23
Highlands	212	22.9	162	50	117	12.7	78	39
Hillsborough	3,115	17.2	2,618	497	2,023	11.2	1,483	540
Holmes	315	20.3	299	16	112	7.2	103	9
Indian River	154	17.1	104	50	109	12.1	74	35
Jackson	720	20.9	468	252	332	9.6	173	159
Jefferson	251	20.9	62	189	171	14.2	36	135
Lafayette	88	19.9	83	5	27	6.1	22	5
Lake	523	19.2	371	152	400	14.7	270	130
Lee	389	22.2	317	72	213	12.1	142	71
Leon	657	20.6	290	367	375	11.8	123	252
Levy	273	21.8	175	98	140	11.2	57	83
Liberty	75	20.0	50	25	37	9.9	27	10
Madison	340	21.0	162	178	177	10.9	65	112
Manatee	481	18.3	319	162	294	11.2	204	90
Marion	571	18.3	319	252	465	14.9	210	255
Martin	104	16.4	65	39	82	12.9	54	28
Monroe	229	16.2	167	62	204	14.5	153	51
Nassau	200	18.3	114	86	107	9.8	46	61
Okaloosa	254	19.6	231	23	112	8.6	100	12
Okeechobee	36	12.0	31	5	18	6.0	16	2
Orange	1,154	16.3	862	292	946	13.4	711	235
Osceola	139	13.7	108	31	178	17.6	147	31
Palm Beach	1,163	14.3	690	473	887	10.9	528	359
Pasco	260	18.4	207	53	162	11.5	131	31
Pinellas	1,185	12.7	929	256	1,698	18.2	1,486	212
Polk	1,680	19.3	1,346	334	955	11.0	762	193
Putnam	353	18.9	233	120	250	13.4	131	119
St. Johns	356	17.7	219	137	297	14.8	163	134
St. Lucie	243	20.2	129	114	151	12.6	92	59
Santa Rosa	305	18.9	269	36	135	8.4	98	37
Sarasota	268	16.5	199	69	228	14.1	165	63
Seminole	367	16.4	179	188	248	11.1	113	135
Sumter	188	16.9	111	77	124	11.2	69	55
Suwannee	404	23.7	244	160	200	11.7	121	79
Taylor	238	20.5	182	56	95	8.2	49	46
Union	131	18.5	102	29	72	10.1	45	27
Volusia	791	14.7	539	252	777	14.4	553	224
Wakulla	94	17.2	37	57	37	6.8	12	25
Walton	267	18.7	231	36	120	8.4	93	27
Washington	223	18.1	167	56	99	8.0	65	34

NOTE—On these two pages are given resident and recorded figures for total births and deaths by counties and for the state as a whole for 1940. Recorded rates indicate all deaths occurring within a given state or county regardless of residence of the the deceased.

Note that the RECORDED death rate for the State is 12.0, *whereas the RESIDENT death rate is* 11.2.

A few minutes spent in planning may mean the difference between poor health and good health.

The School Lunch . . .

. . . can be tempting and nutritious, whether eaten at school or at home . . . whether carried or purchased . . . if Mother is willing to do just a little planning—

●

Be sure your child's lunch includes these foods each day . . . .

Pasteurized Milk

Raw or Cooked Vegetable

A Hot Dish

Fruit or Simple Dessert

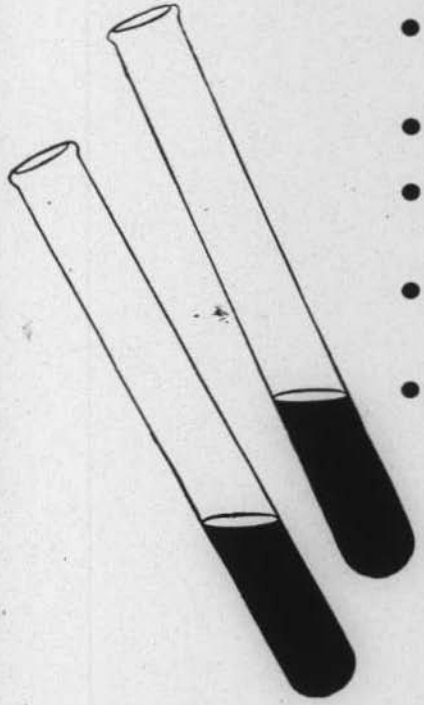
A well-planned school lunch pays excellent dividends in health. It is within your power to secure these dividends for your child.

Check your child's lunches against those suggested on page 143

HEALTH NOTES

FLORIDA

Florida's Venereal Disease Program



- Continued Cooperation of Physicians
- More Health Units
- Physical Examination, with Blood Test
- Early, adequate treatment
- Informed Citizenry

STATE BOARD OF HEALTH

Jacksonville, Florida

Volume 33 November 1941 Number 11

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CONTENTS

Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

Ten Years of Venereal Disease Control in Florida

L. C. GONZALEZ, M.D., M.P.H.
Director
Division Venereal Disease Control

NOT long ago, the U. S. Public Health Service released the syphilis rates for the first million selectees and volunteers in the nation. As in the First World War, Florida had the unenviable distinction of heading the list of states with the highest rate. As a result of these findings, many may well wonder what, if anything, the State of Florida has done to combat this scourge. The purpose of this report is to show that a great deal has been done in the past two years.

Before any deduction can be made as to the present status of the existence of syphilis in the State, it is necessary to consider many factors. The mere statement that Florida has the highest rate for syphilis among selectees and volunteers does not tell the whole story. This comes only through an analysis of all available information on syphilis control in the State for the ten year period, 1931-40, and a discussion of the reasons for the existant high rate of syphilis.

Figures on syphilis control in Florida prior to 1939 are far from complete. They were compiled from annual reports of the State Board of Health and from other accessible information. They demonstrate, by their incompleteness, the lack of coordination of effort in venereal disease control in the State, prior to the organization of the Division of Venereal Disease Control in September, 1938.

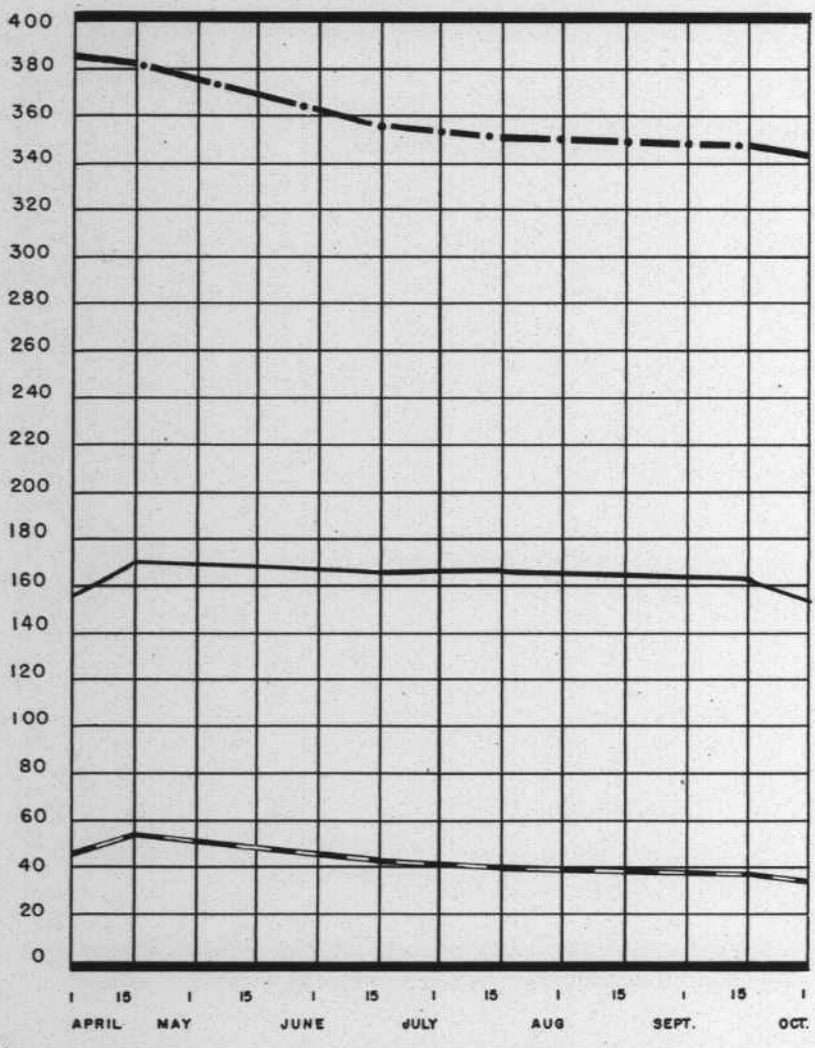
Previous to 1935, when Social Security money became available for the organization of full time county health units, Florida was in the kindergarten stage in public health, because of insufficient funds to promote such units. Public health problems of the first magnitude, of which the incidence of syphilis was one, existed and were increasing. Thus, it can be said without fear of contradiction that the year 1935 saw the beginning of a comprehensive public health program in the State of Florida. It is easy, therefore, to understand why, despite the national campaign against syphilis and despite all the efforts put forth to eradicate the disease, a high syphilis *incidence* is still present in the State. A case of syphilis under ideal treatment cannot be classified as "cured" in less than one and a half to two years. A definite venereal disease control program did not take root in Florida until 1939, and for this reason, it is impossible to expect a great decline in the incidence rate by 1941.

Another important factor to be considered is the number of syphilis cases, both old and new, that have been ac-

High Rate Is Target of State Control Measure

GRAPH I

RATES OF SELECTEES HAVING POSITIVE SEROLOGIC TESTS FOR SYPHILIS PER 1,000 TESTED - BY RACE & TOTAL *



*APRIL 15 REPORT IS FROM U.S.P.H.S, ALL OTHERS FROM STATE

cumulating prior to and through 1935. While cases of syphilis were increasing yearly, there was very little public health control of them. Consequently, when a definite venereal disease control program was instituted, untold numbers of old cases were inherited. Because these cases constitute a huge backlog of syphilis incidence, the rate will continue to be extremely high for some time to come. This is illustrated by the 1940 report, the first year in which the Division of Venereal Disease Control has been able to accurately classify the syphilis cases reported. Out of 19,966 cases of syphilis never before reported to the State Board of Health, 3,962 or 19.8% were classified as early syphilitics of less than four years duration, or conversely, four out of every five syphilis cases reported were old syphilitics.

Although there has been a marked increase in venereal disease control activities in the State during the past two years, a great deal more must be done to accomplish desired results. The Division is faced with the difficulty of not being able to provide adequate statewide service. Of the 67 counties in the State, only 28 have full time health units. This leaves 39 counties, with 36% of the State's population, not provided with full time health facilities. The policy of the State Board of Health is to furnish aid to counties through full-time health departments. Providing financial assistance for a single program, such as venereal disease control, without proper general public health supervision and administration, is not conducive to good service and economy. As a result, over one-third of the population is not covered by adequate venereal disease control service. Progress is being made, however, as six new counties are scheduled to be organized by January, 1942.

Prevalence rates of syphilis are based predominately upon the number of individuals showing a *positive serologic reaction*. Despite the fact that a blood test is the most important index on syphilis, it must be taken into consideration that many syphilitics who are, or have been, under treatment for years, may have a positive serologic reaction, although they may be of no serious public health significance. These cases contribute to a high prevalence rate, but on the other hand, they have been located, treated and made non-infectious, thus fulfilling one of the objectives of venereal disease control.

TABLE 1.

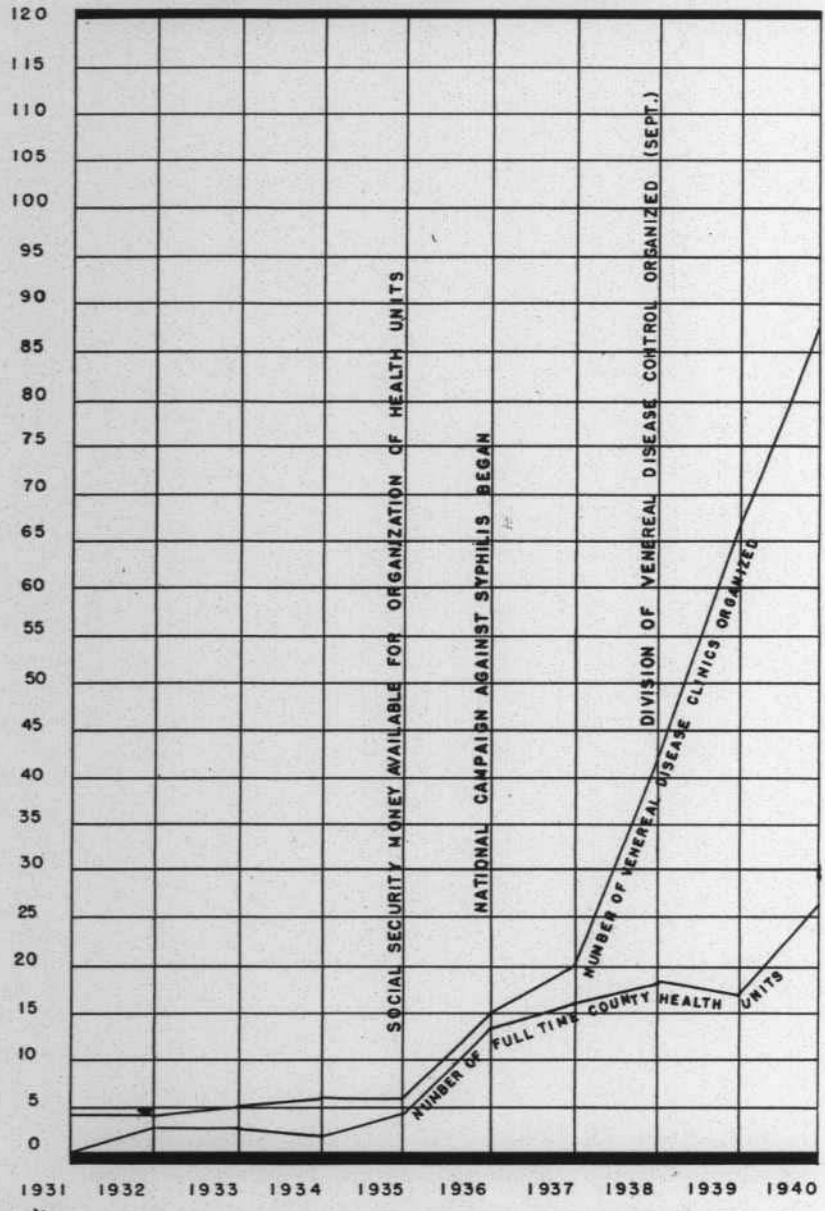
Number of selectees examinations as of date compiled and number found with positive serologic test for syphilis with rate positive per 1000 tested, by race and total.[1]

	DATE REPORT WAS COMPILED											
	APRIL 1		APRIL 15		JUNE 15		JULY 15		SEPT. 1		OCT. 1	
	No. of Exams	Rate	No. of Exams	Rate	No. of Exams	Rate	No. of Exams	Rate	No. of Exams	Rate	No. of Exams	Rate
White Examined	10699		10886		16845		19505		23069		25155	
White Positive	460	43	506	53.5	704	42	789	40	873	38	906	36
Colored Exams.	5545		5653		11777		13522		15380		16230	
Colored Positive	2132	384	2218	380.4	4202	357	4766	352	5357	348	5551	342
Total Exams.[2]	16818		17900		29465		33996		39549		42542	
Total Positive	2648	157	3044	170	4996	169	5648	166	6333	160	6564	154

[1] April 15 report is from U. S. P. H. S., all others from State.

[2] Total examinations include white, colored, all other races and reports in which race is not stated.

GRAPH II NUMBER OF EXISTING HEALTH UNITS AND VENEREAL DISEASE CLINICS BY YEAR 1931 - 1940*



*THERE ARE 106 VENEREAL DISEASE CLINICS AND 27 COUNTY HEALTH UNITS AS OF JULY 1, 1941

Of the 3,044 selectees and volunteers reported as infected by the U. S. Public Health Service, as of April 15, this year, 2,943 were classified as such on a positive serology only, while 99 were found to have early infectious lesions. Figures are not available at present to demonstrate how many of the selectees and volunteers found infected were already under treatment, but judging from the cases reported to the State Board of Health in 1940 from all sources, a great number of the selectees and volunteers must have had previous treatment. Out of 13,668 new cases brought under treatment in 1940 at clinics throughout the State, 3,501 or approximately 1 out of every 4 were reported to have received treatment previously. Control measures among the selectees are actively applied in areas with full-time health services.

Another interesting point in the analysis of Selective Service findings is the variability of rates when based on incomplete returns. The U. S. Public Health Service's report was based on the first million examinations of selectees and volunteers. It was a tentative report based on a fraction of the total number of selectees registered.

According to the State Selective System, there are roughly 257,000 men registered in Florida under the Selective Service Act. Of this number, the total number of physical examinations reported as of April 15 by the U. S. Public Health Service for the State of Florida was 17,900 or approximately 7% of the selectees registered. Since then, over twice that number of selectees has been examined. According to the serologic reports received by the Division of Venereal Disease Control as of October 1, 42,542 or 16.6% of the selectees have been examined. From the Division's reports, in which all out-of-State selectees are not included and in which all doubtful serologic reports are not considered as infected individuals, the general rate, as well as the rates for white and colored, are showing a definite downward trend. This is illustrated by Table 1 and Graph I.

TABLE 2 — (To guide Graph II)

No. of Existing Health Units and Venereal Disease Clinics by Year, 1931-1940[1]

Year	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Health Units	0	3	3	2	4	13	16	18	17	26
Venereal Disease Clinics	4	4	5	6	6	15	20	42	67	87

[1] 106 Venereal Disease Clinics and 27 County Health Units as of July 1, 1941.

Out of 4,077 selectees found infected with syphilis, as of September 1, 1941, from the 28 counties having full time health units, a total of 2,397 or 59% have been investigated. Of the latter group 1,607 are under treatment at clinics and 279 under the care of private physicians, for the same period.

In the remaining 39 counties having no health units 2,256 selectees were found infected with syphilis as of September 1, 1941. Of this number, 132 or 6% were investigated; 111 are under treatment at clinics and 268 are under the care of private physicians. The contrast between investigation and treatment in organized and unorganized counties speaks eloquently for the necessity of having full-time accredited health units to supervise adequately the venereal disease control activities of a community.

Selective Service Regulations require that every selectee examined must have two successive positive serologic reports before he is deferred because of syphilis. In the tentative reports, herewith released, a great number of the selectees reported as positive have not had a second serologic examination to verify the original

TABLE 3 — To guide Graph III

Showing Accumulation of Cases of Syphilis reported over the 10 year period together with No. of new cases reported yearly. The corresponding No. of cases having received some treatment by clinics over the 10 year period as well as new cases reported under treatment yearly are also given, 1931-1940.[1]

Year	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Cumulative Syphilis Cases Reported	3965	8028	12861	18059	22448	25735	40168	57623	78715	98681
New Cases of Syphilis Reported	3965	4063	4833	5198	4389	3287	14433	17455	21092	19966
Cumulative Cases of Syphilis Having Received Some Treatment In Clinics	.....	.....	.....	.....	.....	1123	3280	5858	16404	30072
New Cases of Syphilis Under Treatment At Clinics	.....	.....	.....	.....	.....	1123	2157	2578	10546	13668

[1] No report available previous to 1936.

positive reaction. Of the 6,564 selectees reported positive as of October 1, for the State, 2,976 or 45.3% have been classified as syphilitics on the basis of two successive serologic reports.

No serodiagnostic test for syphilis is infallible, for even the accepted tests, under certain conditions, give false positive reactions. It is well-known, and recent surveys substantiated the fact that malaria has a tendency to produce a false positive serologic reaction for syphilis. In a state, such as Florida, where the malaria incidence is high, it is expected that many false positive reactions will be reported tentatively as syphilis infections. This is borne out by the fact that the Division of Venereal Disease Control is beginning to receive reports from health departments of selectees whose first positive serologic examination had reverted to successive negative reactions before the institution of any treatment.

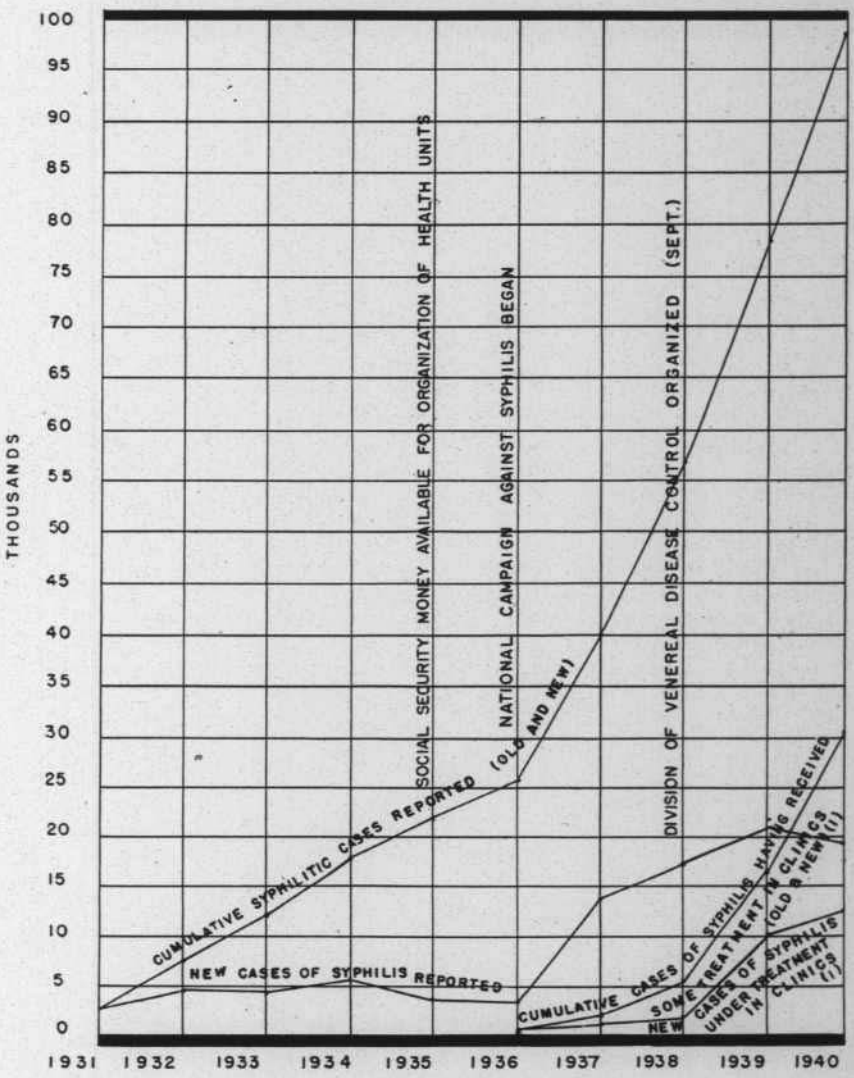
It is evident, therefore, that while Florida was reported tentatively to have the highest rate of syphilis among its selectees, the actual picture of the status of the disease in the State, is no so gloomy as he rates may lead one to believe. Progress is being made at a rapid rate in venereal disease control as along all fronts of the public health. It is hoped that with the continued cooperation of the citizens, we shall be able to eliminate syphilis as a serious public health menace in the State of Florida.

The accompanying graphs and tables represent a comparative study of the marked increase in venereal disease control activities in the State since the beginning of the first comprehensive public health program instituted in 1935. It will be noted that in the ten year period, all activities began to increase after 1935. However, with the advent of the national campaign against syphilis and the organization of the Division of Venereal Disease Control, venereal disease control activities have increased very sharply. Preliminary figures for 1941 indicate these activities are continuing to increase at an even more rapid rate.

GRAPH III

SHOWING ACCUMULATION OF CASES OF SYPHILIS AS REPORTED OVER THE TEN YEAR PERIOD TOGETHER WITH NUMBER OF NEW CASES REPORTED YEARLY. THE CORRESPONDING NUMBER OF CASES HAVING RECEIVED SOME TREATMENT BY CLINICS OVER THE TEN YEAR PERIOD AS WELL AS NEW CASES REPORTED UNDER TREATMENT YEARLY ARE ALSO GIVEN

1931 - 1940



(1) NO REPORT AVAILABLE PREVIOUS TO 1936

Doctors Must Display Signs

Physicians and others practicing any of the medical healing arts are required by Florida law to display at each entrance to his or her office words designating the particular branch of medicine or healing art practiced. The law specifies that the letters shall be in intelligible form and shall be at least two and one-half inches in height and one inch in width.

M. H. Doss, Director of the Bureau of Narcotics, State Board of Health, is warning all persons subject to the provisions of this act to comply with this provision before an inspection is made. Those to whom it applies include persons licensed to practice medicine, surgery, osteopathic medicine, chiropractic, naturopathy, chiropody, pediatry or any other kind or branch of the medical and/or material healing art actively engaged in practice.

The Bureau of Narcotics, State Board of Health, handles investigations and prosecutions of medical laws, operating under the police powers of the State Board of Health.

Florida Public Health Meeting

Orlando is the locale of the Thirteenth Annual Convention of the Florida Public Health Association, which will be held this year December 4-6. The headquarters are the Angebilt Hotel.

TABLE 4 — To guide Graph IV

Number of Blood Specimens Examined, Anti-Syphilitic Treatments Administered and Doses of Arsenicals Distributed by year 1931-1940.

YEAR	1931	1932	1933	1934	1935
Blood Specimens Examined	68740	81658	97466	131657	136558
Antisyphilitic Treatment Administered[1]	.....	.....	.....	.....	.....
Doses of Arsenicals Distributed to Private Physicians[2]	1200	930	.....	.....	.....
YEAR	**1936**	**1937**	**1938**	**1939**	**1940**
Blood Specimens Examined	145928	193249	242351	287904	342650
Antisyphilitic Treatment Administered[1]	.....	1001	34950	191926	258918
Doses of Arsenicals Distributed to Private Physicians[2]	6150	6940	.....	23880	124000

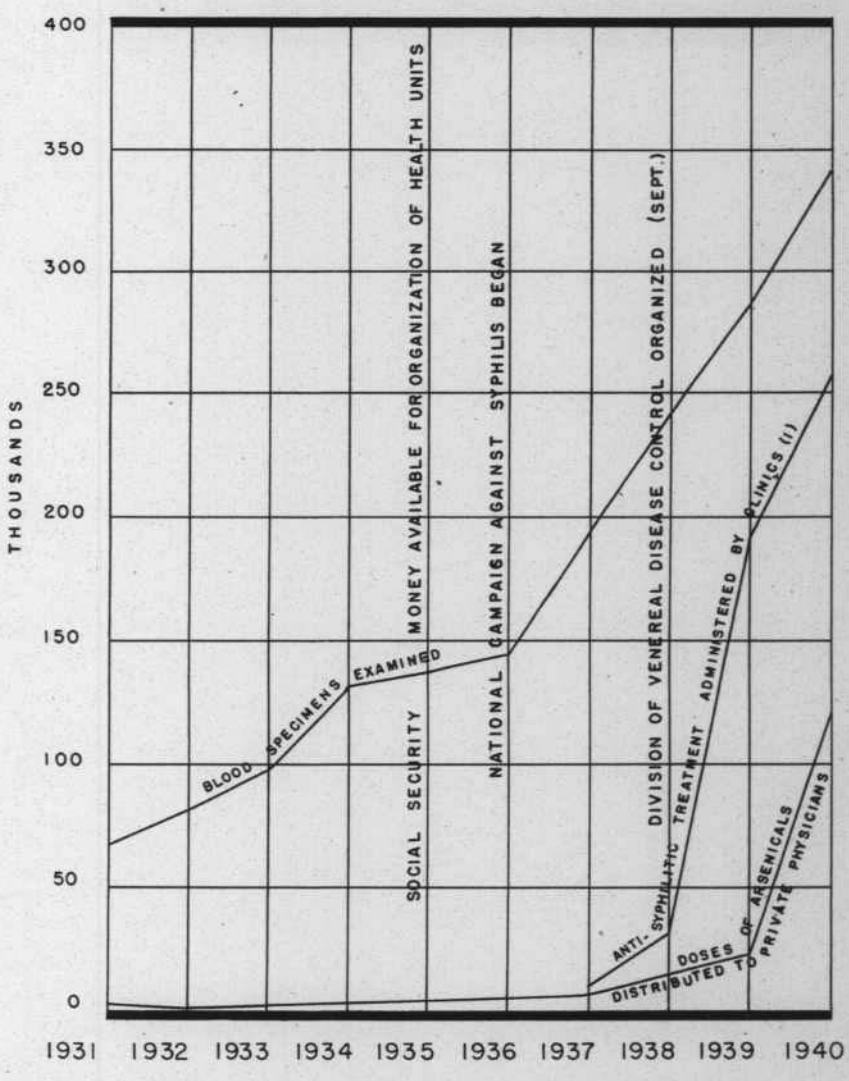
[1] No report available previous to 1937.

[2] No report available for years left blank.

A highlight of the program is the panel discussion, "Health Department Problems in the National Emergency — Handicap or Opportunity?" This will be led by Dr. Reginald M. Atwater, executive secretary of the American Public Health Association. There will be discussants from the U. S. Public Health Service, the State Board of Health, the State-Wide Public Health Committee and the Public Health Association.

The complete program will appear in the December issue of Health Notes.

GRAPH IV NUMBER OF BLOOD SPECIMENS EXAMINED, ANTI-SYPHILITIC TREATMENT ADMINISTERED AND DOSES OF ARSENICALS DISTRIBUTED BY YEAR 1931 - 1940



(1)NO REPORT AVAILABLE PREVIOUS TO 1937

Agreement Reached In Guarding Safety Of Florida Milk Supply

An agreement has been reached by the State Department of Agriculture and the State Board of Health whereby the production, processing and distribution of all milk and milk products sold in Florida will henceforth be regulated by the Standard Milk Ordinance and Code of the United States Public Health Service. This is part of a coordinated program jointly formulated by Dr. William H. Pickett, State Health officer, and Nathan Mayo, Commissioner of Agriculture.

The Standard Milk Ordinance is in effect in 2300 American cities. Every effort is being made by the State Department of Agriculture and the State Board of Health to have this nationally accepted standard put into effect by all Florida cities as quickly as practical.

Specifically, the program calls for:

1. Use of all rules, regulations, forms, blanks and records of the U. S. Public Health Service Standard Milk Ordinance and Code.

2. Joint cooperation of Department of Agriculture and State Board of Health personnel and that of local health units, both county and city.

3. Deputization of milk inspectors of the Department of Agriculture as deputy milk sanitarians by the State Health Officer, giving them authority over dairies, milk products under the provisions of the State Sanitary Code, Law (Chapter 19366, Laws of Florida, Acts of 1939).

4. Establishment of policies by the State Health Officer and the Commissioner of Agriculture.

5. Surveys of local milk supplies and milk sheds made jointly by the State Department of Agriculture and the State Board of Health at the request of local governing bodies. Results thereof will be transmitted directly to the body requesting the survey after approval is given by the State Health Officer and Commissioner of Agriculture who alone will be responsible for the release of such information.

The Commissioner of Agriculture and State Health Officer believe this move will be of great benefit to dairymen and milk producers, in that it will do away with over-lapping inspections. The agreement in no way affects the State Milk Control Board, an organization concerned largely with the price of milk and operating independently of the State Board of Health and the State Department of Agriculture. The State Board of Health is interested only in the safety of Florida's milk supply and its adequate consumption.

Merit Examinations Announced

Open competitive examinations for clerical and several other classes of positions are announced by the Merit System Council of the State Board of Health and Crippled Children's Commission. Applications must be mailed on or before November 30, 1941, to the Merit System Supervisor, 201 Professional Building, Gainesville, Florida. Requests for application blanks should be sent to the same address.

The following positions with the State Board of Health, County Health Units and Crippled Children's Commissions are affected: Junior Clerk A, Junior Clerk B, Senior Clerk, Typist, Junior Stenographer, Senior Stenographer, Accounting Clerk, Statistical Clerk, Accountant, Statistician, Telephone Operator, Photostat Operator, Dental Assistant, Library Assistant and Artist.

Sanitary Code Basis For Authority Of Health Regulations In Florida

The State Board of Health is charged by law with the responsibility for protecting the health of the people of Florida. In 1889 a general law to that effect was passed by the Legislature, and the Sanitary Code Law adopted in 1939 supplements the earlier law.

Beginning with this issue of Health Notes, important sections of the Florida Sanitary Code will be either printed in toto or in abstract form. Chapter I, and those sections of the act itemizing specific provisions thereof are reprinted herewith verbatim because of their significance. The italics have been added to make it easier for readers to locate items of particular interest:

CHAPTER I

Administrative Regulations and Enforcement of Code

SECTION 1

State Health Officer Executive Officer of Board. The State Health Officer, as the executive officer of the State Board of Health, is designated to act for the Board in the enforcement of the State Sanitary Code and to carry out the administrative duties connected therewith.

SECTION 2

Staff of the State Health Officer. The staff of the State Health Officer consisting of the directors of the Bureaus or other authorized provisions are designated as agents of the Board, and, under supervision of the State Health Officer, will assume responsibility for carrying out the provisions of the Sanitary Code in their respective authority.

SECTION 3

Local Health Officers Deputized. Local health officers in health units organized under provision of 14906 (No. 268) General Laws of the Legislature of 1931; and such other local health officers as may be named and approved by the State Health Officer, are, for the purpose of carrying out the provisions of the Sanitary Code Act, designated as agents of the State Board of Health, and deputies to the State Health Officer, within the geographical jurisdiction of their organization: Provided, however, that where approval of plans for sanitary work is required of the State Board of Health covering water works and sewerage and other sanitary structures, or where operating permits are required of the State Board of Health, their authority will be confined to recommendations to the State

GENERAL POWERS OF THE BOARD

The State Board of Health shall have general supervision of the public health of the tate of Florida, and shall have power to make, promulgate and enforce such rules and regulations as may be necessary for the preservation of the same.' — Chapter 3839, Laws of Florida, 1889, Section 12.

Health Officer or the central organization division concerned.

Chapter 19366, General Laws of Florida, Acts 1939

SECTION 1

The State Board of Health shall have power to make, adopt, promulgate, enforce, and from time to time, amend, and repeal, rules and regulations covering sanitation and quarantine as may be necessary for the protection of the public health. The regulation so established shall be called and known as the Sanitary Code of the State of Florida. *The Sanitary Code may deal with any matters affecting the security of life or health or the preservation and improvement of public health in the State of Florida.*

SECTION 2

The Sanitary Code shall insofar as may be deemed necessary by the State Board of Health, include regulations covering *drinking water* either sold in pipe systems, bottled or in any manner made accessible to the public; watersheds used for public water supplies; the disposal of *excreta, sewage, or other wastes;* the production, handling and sale of *foods and drink;* the disposal of *garbage and refuse;* the *pollution* by sewage, industrial or other wastes, of *streams, lakes and other waters; drainage* in connection with mosquito breeding control; plumbing; *sanitation* of State, County, or Municipal institutions or private *institutions* serving the public; the sanitation of *public buildings;* the sanitation of *schools,* publicly or privately owned and operated; *tourist and trailer camps; swimming pools* and bathing beaches; roadside *service stations;* food *canning* plants; *shellfish* dealing and handling establishments; *restaurants* and all places where food is handled, sold, or served; places of entertainment where food or drink is sold or served or accommodations are provided for the public; *dairies and milk plants;* the sanitation and disinfection of all passenger cars, sleeping cars, dining cars, steamboats and other *public vehicles of transportation* in this State; the sanitation of all convict camps, jails, penitentiaries, factories, hotels, summer camps and recreation camps, *and the sanitary regulation of any other condition, practice, establishment or institution as may be necessary for the control of communicable disease or the protection of public health;* Provided that the *State Board of Education* and the *State Board of Health* shall jointly prescribe regulations relating to the sanitation of schools.

SECTION 3

The Sanitary Code may provide for the care, segregation, and isolation of persons having, or suspected of having, any communicable, contagious, or infectious disease; and for the treatment, segregation, isolation, and disinfection of all animals or birds, having, or suspected of having, diseases communicable to man. Also the Sanitary Code may include provisions regulating the practice of midwifery in the State.

SECTION 4

The State Board of Health shall have power to prescribe by regulations incorporated in and as a part of the Sanitary Code, the qualifications of milk plant operators, operators of water purification plants and operators of sewage treatment plants.

SECTION 5

The provisions of the Sanitary Code shall, as to public health matters to which it relates, supersede all regulations heretofore or hereafter enacted by other State Departments, Boards, or Commissions, or by local ordinances heretofore or hereafter enacted by incorporated villages, towns, or cities. Each city, town or village, may, in manner prescribed by law, enact sani-

tary regulations not inconsistent with the Sanitary Code established by the State Board of Health.

SECTION 6

The actions, proceedings, and authority, of the State Board of Health and the State Health Officer, in enforcing the provisions of the Sanitary Code applying them to specific cases, shall at all times be regarded as in their nature judicial and shall be treated as prima facie, just, and legal.

SECTION 7

The State Board of Health shall provide for the thorough investigation and study of the causes of all diseases, epidemic and otherwise, in this State and the means for prevention, and the publication and distribution of such information as may contribute to the preservation of the public health and prevention of disease.

SECTION 8

The State Board of Health shall supervise and regulate municipal and county sanitation and shall have the power, and it shall be their duty to exercise general supervision over the work of local health authorities. It shall be the duty of local health officials and other appropriate local officials, concurrently with the State Board of Health, to enforce the provisions of the State Sanitary Code and of such local ordinances and sanitary regulations as may be consistent with it.

SECTION 9

Nothing herein contained in this Act shall be construed as in any wise limiting any duty, power, or powers now possessed or heretofore granted to the said State Board of Health, by the Statutes of this State, or as affecting, or repealing any rule or regulation heretofore adopted by said Board.

SECTION 10

Any person who shall violate, disobey, refuse, omit or neglect to comply with any of the rules and regulations of the Sanitary Code shall be guilty of a misdemeanor and upon conviction, shall be punished by imprisonment, not exceeding six months, or by fine not exceeding one thousand ($1,000) dollars.

SECTION 11

Any person who shall interfere with, or hinder, or oppose, any officer, agent or member of the State Board of Health or the performance of his duty as such, under this Act, or shall violate a guarantine regulation, or shall tear down, mutilate, deface, or alter any placard, or notice, affixed to premises in the enforcement of the Sanitary Code, shall be guilty of a misdemeanor or punishable upon conviction, by imprisonment for not exceeding six months or by a fine not exceeding one thousand ($1,000) dollars.

SECTION 12

If any section, provisions, or clause, of this Act, or the application thereof to any circumstance or circumstances, shall be held invalid or unconstitutional, then, unless the validity of such section, provision, or clause, as so applied, shall render the entire act ineffectual for the purposes for which it is intended, then the provisions of this Act not so held invalid shall be construed to be valid and effective.

The next article on Sanitary Code will appear in the January 1942 issue.

HEALTH NOTES

FLORIDA

CHRISTMAS SEALS

Protect Your Home from Tuberculosis

STATE BOARD OF HEALTH

Jacksonville, Florida

Volume 33 December 1941 Number 12

FLORIDA HEALTH NOTES

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CONTENTS

Florida Health Notes, published **monthly** on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act of Aug. 24, 1912.

OLDER AGE GROUPS AFFORD MOST FERTILE FIELD FOR FLORIDA TUBERCULOSIS PROGRAM

LYNNE E. BAKER, M.D.
Director Division of Tuberculosis
State Board of Health

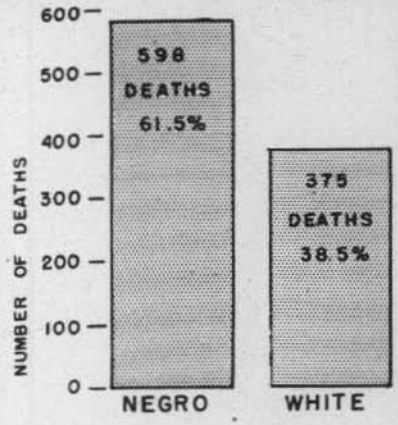

FIG.1 SHOWS NUMBER AND PERCENTAGE OF RESIDENT DEATHS FROM TUBERCULOSIS IN THE WHITE & NEGRO RACES DURING 1940 - FLORIDA

TUBERCULOSIS continues to be one of the major causes of death in Florida. Annually, there are between 900 and 1000 deaths reported to the Bureau of Vital Statistics of the State Board of Health.

It is interesting to note that in 1940 there were more deaths from tuberculosis among residents of Florida occuring outside the State than there were non-residents who died in the State.

Last year there were 961 recorded deaths in Florida in comparison to 973 resident deaths during the same period. Recorded deaths mean deaths that occurred in this State, including non-residents as well as residents of Florida. On the other hand, resident deaths refer to deaths of legal residents of this State, no matter where the deaths occurred. Thus, residents of other states dying in Florida are excluded from the total of resident deaths given above, while residents of Florida dying outside the State are included.

Highest death rate occurs in 24-44 year group—surprisingly high in 45-64 year group — Negroes account for 60% of total deaths

In 1940 the death rate from tuberculosis, based on resident deaths, was 50.9 per 100,000 population. This rate is not excessively high, although somewhat above the provisional rate of 45.7 for the United States for the same year. In the white race the death rate was only 26.9 per 100,000 population, but in the negro race it was 116.0 per 100,000.

A careful analysis of deaths from pulmonary tuberculosis should give us some valuable information. This should be helpful in finding a larger percentage of new active cases in a case-finding program.

As shown in Figure 1, 375 deaths occurred in the white race—approximately 38.5% of the total number of

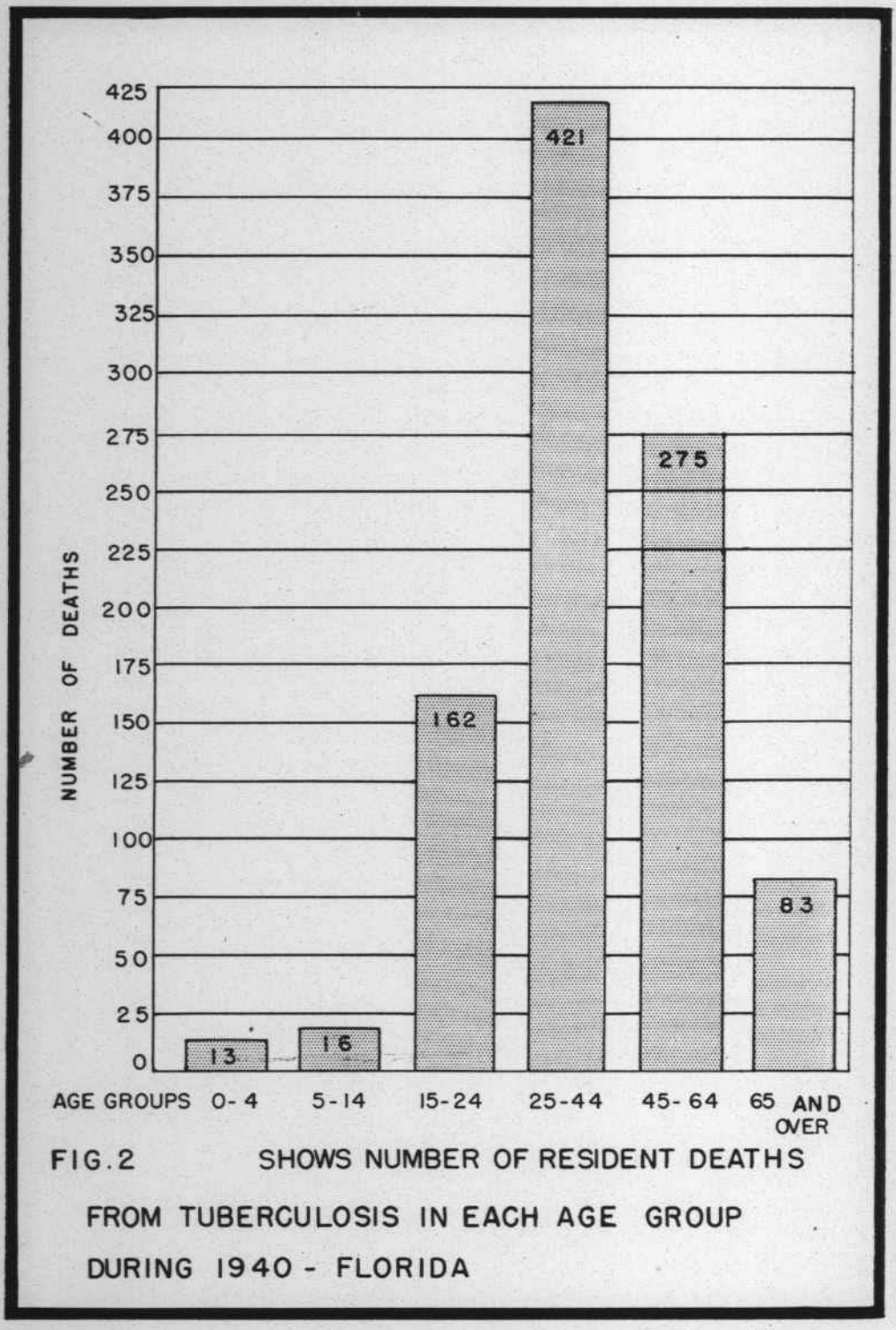

FIG. 2 SHOWS NUMBER OF RESIDENT DEATHS FROM TUBERCULOSIS IN EACH AGE GROUP DURING 1940 - FLORIDA

deaths from tuberculosis; 598 deaths occurred in the negro race, a percentage of about 61.5. With 60% of the deaths from tuberculosis occuring among the colored race, which is estimated represents slightly less than 30% of Florida's population one can readily recognize the tremendous problem that confronts this state in controlling tuberculosis among the negro.

Figure 2 groups the deaths according to age. As shown here, there were only 13 resident deaths from tuberculosis in Florida in 1940 four years of age or under. A further analysis of this group reveals that in almost all of these cases the cause of death was reported to be due either to *tuberculous* meningitis or miliary tuberculosis. Both of these types of the disease are practically always fatal. *Tuberculous* meningitis is a tuberculous infection involving principally the meninges, which are the membranes covering the brain and spinal cord. *Miliary* tuberculosis is a type of the disease in which large numbers of tubercle bacilli are emptied into the blood stream and disseminated throughout all parts of the body, setting up numerous areas of infection. Both of these conditions are commonly seen in infancy and are comparatively infrequent after 2 or 3 years of age. Although a child so infected seldom is a source of infection to others, it is imperative to search for tuberculosis among the members of the immediate family from whom the child may have received the infection.

IN the second group, age 5-14 inclusive, there were only 16 deaths. These figures point out an already well established fact that the mortality from tuberculosis is rather low under the age of 16. Thus, during this fifteen year span, there were only 29 resident deaths from all types of tuberculosis last year.

A further analysis of Figure 2 reveals the greatest number of resident deaths from tuberculosis between the ages of 25 and 44, with a surprisingly high mortality between the ages of 45 and 64.

Figure 3 gives the percentage of white and negro deaths from tuberculosis in each age group, stressing the fact that negroes tend to develop an exudative type of tuberculosis that proves fatal earlier in life.

Since there were 83 deaths sixty-five years of age or over, it is seen that tuberculosis is not merely a disease of early adult life. It should be mentioned that it is much more common for the white race to develop a chronic, fibroid type of tuberculosis in which the patient may live for years before succumbing to the disease. Frequently, these older people do not realze they have tuberculosis and, as a result, serve as a source of infection to others.

Up to the last year or two, in Florida as throughout the United States, the emphasis on most case-finding programs was placed on the school children. Tuberculin testing of the children in school and a follow-up x-ray of the positive reactors was the usual procedure. In a summary of the findings in several states, *less than ½ of 1 percent of the children so tested showed active pulmonary tuberculosis.*

CONSEQUENTLY, in any case-finding program with only limited funds available, it seems advisable to shift the emphasis to the older age groups in which the incidence of tuberculosis is much higher.

By finding and isolating these active adult cases of pulmonary tuberculosis and placing them under treatment, fewer children will be exposed to tuberculosis and, consequently, fewer children will contract the disease. *It is still vitally important, however, to*

x-ray every known contact and suspect of pulmonary tuberculosis, which includes children as well as adults.

It is imperative that a continuous case-finding program be instituted in each community and each county in the State. By discovering tuberculosis earlier, the patient not only has a greater chance of recovery, but through hospitalization and isolation of each active case the other members of the family have a better chance of escaping infection. *Such a program can only be successful through the active cooperation of all official and voluntary agencies with the private physicians of the community.*

There are many factors to consider in the selection of people to be examined in any case-finding program. The role played by undernourishment, poor housing conditions, repeated exposure to the disease, and many other things are significant, although not emphasized here. It is important, however, to remember the factors of age and race as reviewed in this article, so that as many active cases of pulmonary tuberculosis as possible will be found with the funds available for any given program.

Convictions Secured Against Violators of Medical and Narcotic Laws

Six cases involving either the practice of medicine without a license or violation of the state narcotic law were disposed of during the month of October as a result of investigations of the Bureau of Narcotics, State Board of Health. Eight additional arrests were made, and 24 violations were corrected without employing legal action, according to a report of M. H. Doss, Director of the bureau, to Dr. William H. Pickett, State Health Officer.

L. A. Kleise, (white), Fellsmere, was fined $300 for practicing both medicine and pharmacy without a license and for violation of the narcotic law. More severe sentences were given two violators in other sections of the state. William Patrick Carroll, white, St. Augustine, was sentenced to one year at the State Penitentiary for practicing medicine without a license, and Joseph R. Lyons, colored, Port St. Joe, was sentenced to five years at the State Penitentiary on the same charge.

Peggy Bennett, white, Orlando, received one year at the State Penitentiary for violation of the narcotic law. Herbert C. Tucker, white, Sarasota, is serving eight months in the county jail for practicing medicine without a license.

Esther Julia Spencer, white, is out on probation under a one year sentence for narcotic violation. The case of Marie Daily, white, was closed when her body was found in a lake near Lutz.

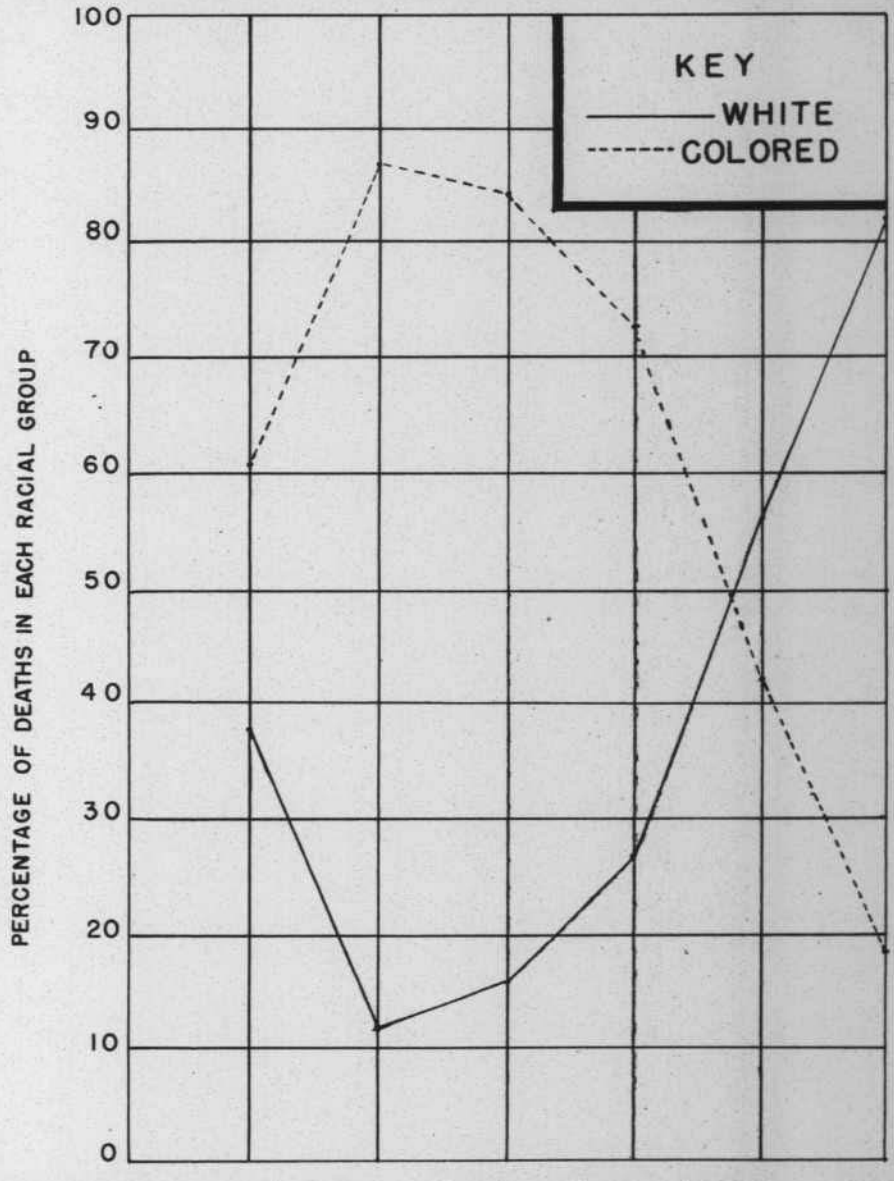

FIG.3 SHOWS PERCENTAGE OF RESIDENT DEATHS OF WHITE AND NEGRO RACES IN EACH AGE GROUP DURING 1940 - FLORIDA

Definite Rules Govern Use Of Funds For Tuberculosis Control Raised By Christmas Seal Sales

MAY PYNCHON
Executive Secretary, Florida Tuberculosis & Health Association

Money May Be Spent For Educational Projects, Which Includes Scholarships, Education Of The General Public, Child and School Health Education . . . Cannot Be Used For Relief Except As An Emergency.

MONEYS raised from the sale of Christmas Seals in Florida are trust funds. Tuberculosis associations have an obligation to spend them not only carefully, but for the purpose for which they were raised; namely to carry forward a vigorous campaign against tuberculosis.

The program of a tuberculosis association has as its objective the education of the individual and of the community to the end that tuberculosis may be prevented and adequate provision made available for diagnosis, treatment and rehabilitation of the tuberculous. Many years of experience in the work of tuberculosis prevention have proved that seal funds can be used most effectively in this way, thereby accomplishing the greatest good for the greatest number. Seal funds are inadequate for the relief of the tuberculous or for the permanent support of hospitals, diagnostic clinics, nursing programs, and similar activities.

● Three Educational Fields

Health education may be carried on under three broad headings; education of the general public, child and school health education, and the training of workers in the public health field.

Education of the general public can be accomplished through newspapers, magazines, pamphlets, posters, motion pictures, exhibits, lectures, and the radio, all of which reach a large proportion of the public. Cooperation with business and industry, and with unemployed and low income groups proves additional opportunity for reaching the public with material on the control of tuberculosis prepared especially for this purpose. Appropriate material is also available for Spanish, Negro and certain age groups.

Cooperation with school administrators in the development of programs of school health education is a recognized activity of tuberculosis associations. Health education training for both medical and lay workers is essential in carrying out tuberculosis programs. It is a legitimate use of funds to employ them in training through scholarships for special study and to enable workers to participate in conferences, meetings, institutes and other training courses.

Christmas Seal funds may be used to encourage and promote the establishment and the support from public funds, or other sources, of services

and facilities for case-finding, diagnosis, treatment and rehabilitation of the tuberculous. Such public services and facilities include diagnostic clinics directed by trained personnel and equipped with facilities for tuberculin testing and chest x-rays; institutions for the prevention and treatment of tuberculosis; public health nursing; medical social workers; counseling, training and placement of patients; medical and social follow-up of arrested cases after their discharge from sanatoria.

Where such services do not exist and no public funds are available for their establishment, contributions from Christmas Seal funds are permissible, provided liberal community participation is also assured. Transfer to public support must be made as soon as the value of these services has been accepted as a public responsibility.

• Relief Work Not Acceptable

Medical and material relief of patients and their families or other contacts, payment for hospitalization, operations and corrections should be obtained through agencies established for that purpose or from other sources. Christmas Seal funds may be used for these purposes only in emergencies and temporarily, where efforts to obtain relief from all other sources have failed. The custodial care of destitute patients who have been permanently incapacitated by tuberculosis is a problem for the community, not of the tuberculosis association.

Unless specific approval is given by the Board of Directors of the National Tuberculosis Association authorizing other health activities, *all funds derived from the sale of Christmas Seals must be spent in accordance with definitely authorized forms of tuberculosis work.* They must be expended by a committee of citizens representing a cross-section of the country. They may not be paid into or through Health departments but may be used to supplement funds or activities of the health department. Proper methods for handling of Seal Sale funds are available through the auditing department of the State Board of Health or Florida Tuberculosis and Health Association.

• Activities of State Association

With the percentage of funds sent to the state office from local associations for the support of state and National programs, a program serving all the counties has been developed. This includes participation in the Graduate Short Course for Physicians of Medicine, the Graduate Seminar for Negro Physicians, an Institute for Negro Leaders, the sending of tuberculosis workers in Florida to National institutes, meetings and training courses, summer school sessions for carefully selected individuals, and assistance for school health programs approved by the State Board of Health and State Department of Education. X-ray films have been provided in unorganized counties where funds are available. Posters, pamphlets, motion pictures and exhibits have also been made available to lay and professional groups. The state association maintains a speakers' bureau, a library of films and pamphlets.

In counties where there are accredited County Health Units, local tuberculosis associations are required to use unit directors in an advisory capacity. Local associations understand that the health of the community is the responsibility of the official health agency. Voluntary agencies must develop programs to supplement and complement that of the official agency. In counties not having advantages of accredited health departments, local associations depend greatly upon advice from local medical groups.

Rest Room Sanitary Program Formulated By State Bureau

DAVID B. LEE
Director, Bureau Sanitary Engineering
State Board of Health

Progress Made In Program Of Rest Room Sanitation Developed By State Board Of Health Sanitary Engineering Bureau In Line With Wishes Of Governor and Mrs. Holland.

Based upon the expressed interest of Governor and Mrs. Holland in the need for clean filling station rest rooms, the Bureau of Sanitary Engineering, State Board of Health, has devised a program of sanitary inspection of filling stations in the State to be conducted by State, County, and City sanitarians whose work is being supplemented by all members of the field force of all departments of the State Board of Health traveling out of the central office.

Almost simultaneously with the Governor's request, it came to the notice of the Bureau that the Ocala Chamber of Commerce had begun a new and interesting campaign which they call a "Tourist School". Based upon the thought that Florida has a definite responsibility to the tourist, the Ocala Chamber of Commerce has pointed out that the tourist frequently makes his first contact in the State at a filling station. Therefore, if sanitary conditions are not good, his health may be impaired—and certainly we can expect him to get a poor impression of the State from that sort of experience.

With this in view, it has been pointed out to the filling station operator that he has a triple responsibility —first, as a business man; second, as a guardian of public health; and, third, as a public relations representative.

Under date of October 15, the State officers of all the major oil companies received a letter from the Bureau of Sanitary Engineering covering the above points, and acquainting them with the fact that our inspection of filling station sanitary facilities was to be more extensive than ever. Several of the companies have already acknowledged these letters and pledged their co-operation toward the successful conduct of this program.

We have requested that each oil company supply us with a list of their filling stations in the State, indicating whether they are company- or individually-owned. They have also been asked in each case whether they maintain field personnel to assure cleanliness of filling station rest rooms, or whether this is done by a regular field force in conjunction with other stations.

Inspection forms have been prepared and supplied to all the county health departments as well as city health departments, pointing out the importance of this activity and requesting their co-operation.

In order to make this program a success, it is urgently requested that everyone stopping at filling stations be sure to mention to the manager of the station the condition of the rest rooms, and should they not comply with the "Florida State Sanitary Code"—please notify this Bureau of all defects so that your recommendations can be followed up.

PROGRAM ANNOUNCED FOR FLORIDA PUBLIC HEALTH ASSOCIATION CONVENTION

Thirteenth Annual Meeting Will Be Held In Orlando December 4, 5, 6 . . . Dr. P. S. Pelouze Will Be One Of Several Outstanding Speakers Of National Repute

Thursday, December 4, 1941

A. M.

8:00 Registration—Main Lobby

FIRST GENERAL SESSION

Sky Room

Dr. L. J. Graves, President, Presiding.

9:30 Invocation—Rev. Fred A. Turner, Pastor, First Methodist Church, Orlando.

9:35 Welcome—Honorable William Beardall, Mayor of Orlando.

9:40 Welcome—Dr. Frank D. Gray, President, Orange County Medical Society, Orlando.

9:45 Welcome—Dr. Walter C. Jones, President, Florida Medical Association, Miami.

9:50 "Major Health Problems in Florida and What We Plan To Do About Them", Dr. William H. Pickett, State Health Officer, Jacksonville.

10.05 "Protection of the Soldier from Communicable Disease", Dr. Roy Norton, Captain, Medical Corps, Medical Inspector, Fort Bragg, N. C.

10:25 "The Inductee as an Index to the Nation's Health", Wm. T. Weissinger, Lt. Col. M. C., Station Hospital, Camp Blanding.

10:40 "The Provision of Medical and Surgical Emergency Care for Families of Military Personnel or of Civilians Attached to Military Establishments in Defense Areas", Captain C. B. Woods, Medical Corps, Executive Officer, Station Hospital, Camp Blanding.

10:50 "The Provision of Medical and Surgical Emergency Care for Families of Naval Personnel or of Civilians Attached to Naval Establishments in Defense Areas", Lt. (jg) Joseph Coudon (M.C.) (VG) USNR, U. S. Naval Hospital, Jacksonville.

11:00 "Florida Against Venereal Disease—1941", Dr. R. A. Vonderlehr, Assistant Surgeon General, Division of Venereal Diseases, U. S. Public Health Service, Washington, D. C.

11:20 "Chemotherapy in Gonorrhea", Dr. P. S. Pelouze, Assistant Professor, Department of Urology, University of Pennsylvania.

11:40 Discussion and Announcements.

AFTERNOON MEETINGS

PUBLIC HEALTH NURSING SECTION

Mezzanine Assembly Room

Mrs. Inez M. Nelson, Presiding.

P. M.

2:30 "The Midwife Delivery Program in Macon County", Dr. Murray Smith, County Health Officer, Tuskegee, Ala.

3:00 "Recruiting, Training and Placement of Public Health Nurses in State Departments of Health for Servicing the Civil Population, and the Persons in Defense Areas", Miss Helen Bean, Regional Public Health Nursing Consultant, U. S. Public Health Service, New Orleans, La.

3:30 "The Organization of Community Volunteer Groups for Health Services in Defense Programs", Dean Margaret R. Sandels, Chairman, State Nutrition Committee, Florida State College for Women, Tallahassee.

4:00 "The Proof of the Pudding", motion picture.

HEALTH OFFICERS' SECTION

Assembly Room 1106

P. M.

2:30 "Dade County Maternal Health Program", Dr. T. E. Cato, Director, Dade County Health Unit.

2:55 Discussion.

3:05 "Methods and Procedures of a Maternal and Child Health Program", Dr. R. C. Hood, Director, Bureau of Maternal and Child Health, Florida State Board of Health.

3:30 Discussion.

3:40 "Epidemiology of Typhus Fever", Dr. H. B. Smith, Director, Bureau of Epidemiology, Florida State Board of Health.

4:05 Discussion.

4:15 "Rat Control Procedures", J. B. Miller, Assistant Sanitary Engineer, Bureau of Sanitary Engineering, Florida State Board of Health.

SANITARY ENGINEERING SECTION

Assembly Room 1103-5

Dr. A. P. Black, Presiding.

P. M.

2:00 "Aims and Objectives of the Florida Water Works Operators' Association", Keith R. Chinn, Chairman, Florida W. W. O. Association.

2:30 Discussion or Questions.

2:40 "Program of the Bureau of Malaria Control, Florida State Board of Health", Dr. John E. Elmendorf, Jr., Director, Bureau of Malaria Control.

3:00 Discussion.

3:20 "Bacteriological Quality of Florida's Ground Waters", A. E. Williamson, M.S., Associate Engineer, Bureau of Sanitary Engineering, State Board of Health.

3:40 Discussion—Open. Herman Gunter, State Geologist.

4:00 "Aims and Objectives of the Florida Sewage Works Association", Sidney Wells, Chief Chemist, Florida State Board of Health.

4:20 Discussion open by David B. Lee, M.S., President, Florida Sewage Works Association.

4:40 Announcements.

7:00 Meeting BOARD OF DIRECTORS. Assembly Room 1106.

8:00 BUSINESS MEETING and Election of Officers. Sky Room.

Friday, December 5, 1941

HEALTH OFFICERS' SECTION

Assembly Room 1106

A. M.

9:00 "Methods and Procedures in Tuberculosis Control", Dr. L. E. Baker, Director, Division of Tuberculosis, Florida State Board of Health.

9:20 Discussion.

9:30 "Using the Public Health Laboratory Effectively", Dr. E. O. Wicks, Assistant Director, Bureau of Laboratories, Florida State Board of Health.

9:50 Discussion.

10:00 Round Table Discussion on Public Health Administration—Dr. A. W. Newitt, Director, Bureau of Local Health Service, Florida State Board of Health.

11:15 Business Meeting, Election of Officers, etc.

SANITARY ENGINEERING SECTION

Assembly Room 1103-5
David B. Lee, Presiding.

"Public Health Engineering in National Defense Areas"

A. M.

9:30 "Activities of the U. S. Public Health Service", E. C. Sullivan, Senior Sanitary Engineer, USPHS District No. 4, New Orleans, La.

9:50 Discussion.

10:10 "Operation of Water Supplies and Distribution Systems from the Standpoint of National Defense", Dr. A. P. Black, University of Florida.

10:30 Discussion.

10:50 "Milk Sanitation From The Standpoint of National Defense Sanitation", Representative of the U. S. Public Health Service.

11:00 Discussion.

11:25 "General Sanitation in Southern Defense Areas", David B. Lee, M.S., Chief Sanitary Engineer, Florida State Board of Health.

11:45 Discussion.

12:00 Announcements.

AFTERNOON MEETING

SECOND GENERAL SESSION

Sky Room

Newly-Elected President, Presiding.

P. M.

2:30 Address—R. D. Thompson, M.D., Superintendent and Medical Director, State Tuberculosis Sanitorium, Orlando, Florida. (Subject to be announced)

2:45 "Dental Health Education", Dr. Walter J. Pelton, Passed Assistant Dental Surgeon, Dental Consultant, U. S. Public Health Service, Washington, D. C.

3:00 "Twenty Years' Experience with Antirabic Treatment in Georgia", Dr. T. F. Sellers, Director of Laboratories, Georgia Department of Public Health, Atlanta, Ga.

3:20 "A County Health Unit as a Field Practice Center", Dr. William J. French, Director, Anne Arundel County Health Department, Annapolis, Md.

4:00 "Effect of Malaria in a Rural Community Upon Serologic Tests for Syphilis", Dr. F. S. Fellows, Senior Surgeon, U. S. Public Health Service District No. 4, New Orleans, La.

Discussant: Dr. A. B. Price, P. A. Surgeon, U. S. Public Health Service, New Orleans, La.

8:00 ANNUAL BANQUET AND DANCE. Orlando Country Club. Dr. Gilbert S. Osincup, Toastmaster. Transportation both ways will be furnished. Buses will leave The Angebilt Hotel at 7:30 P.M. (Tickets $1.50. Please purchase tickets at Registration Desk when registering.)

Saturday, December 6, 1941

THIRD GENERAL SESSION

Sky Room

A. M.

9:30 PANEL DISCUSSION—"Health Department Problems in the National Emergency—Handicap or Opportunity?"
Dr. Reginald M. Atwater, Executive Secretary, American Public Health Association, New York, N. Y., Presiding.

Discussants:

Miss Helen Bean, Regional Nurse Consultant, U. S. Public Health Service, New Orleans, La.

Dr. Carl Buck, Field Director, American Public Health Association, New York, N. Y.

Dr. J. E. Elmendorf, Jr., Rockefeller Foundation, Director of Malaria Bureau, Florida State Board of Health, Jacksonville.

Dr. R. C. Hood, Director, Bureau of Maternal and Child Health, State Board of Health, Jacksonville.

Mr. J. P. Ingle, Former President, State-Wide Public Health Committee, Jacksonville.

Mr. David Lee, Director, Bureau of Sanitary Engineering, State Board of Health, Jacksonville.

Miss Marguerite Libby, Supervising Nurse, Orange County Health Unit, Orlando.

Dean Walter J. Matherly, President, State-Wide Health Committee, University of Florida, Gainesville.

Dr. J. S. Spoto, Division of Venereal Diseases, U. S. Public Health Service, Washington, D. C.

Dr. M. E. Winchester, Commissioner of Health, Glynn County Board of Health, Brunswick, Ga.

ADJOURNMENT.

HOTEL RATES

The Angebilt Hotel

Single .....$2.50 - $4.00
Double .....$4.00 - $7.00

All Rooms with Private Bath.

Physicians And Midwives Reminded About New Law

Thirty-one percent of the birth certificates received by the Bureau of Vital Statistics, State Board of Health, covering the period from September 5, 1941, to the end of that month were not complete. It was on September 5, that the new law requiring instillation of a phophylactic in newborn babies' eyes went into effect. The law stipulates that each birth certificate shall carry a statement by the person in attendance at the birth, indicating that the prophylactic has been administered. The 31 percent incomplete certificates failed to comply with this requirement.

Of the certificates submitted by physicians 33.3 percent were incomplete in this regard, and of those submitted by midwives, 23.7 percent were incomplete. From September 5, to the end of that month, a total of 2,522 birth certificates were received by the Bureau of Vital Statistics in Jacksonville.

Doctors submitted 1,923 of these certificates, 640 of which failed to indicate whether or not a prophylactic had been administered. Midwives submitted a total of 599 birth certificates, with 23.7 incomplete.

The back of each certificate now includes a space for noting the instillation of prophylactic, as stipulated by the new law. The Bureau of Vital Statistics asks the cooperation of both physicians and midwives in completing each birth certificate so that it will not be necessary to return them for the additional information.

You

CAN HELP PREVENT COLDS . . .

For your own sake and your neighbor's *do these things*—

- Avoid Persons With Colds
- Eat Vitamin-rich foods
- Drink Plenty of Water
- Dress According to the Weather
- Keep Rooms Ventilated
- Exercise Moderately in Fresh Air
- Go to bed if you have a cold. Stay there until you are well. This safeguards you against complications and protects others from exposure.